



**Reporting Title:** Cryptococcus Ag Screen, LFA, U

**Performing Location:** Rochester

**Specimen Requirements:**

Supplies: Urine Tubes, 10 mL (T068)

Submission Container/Tube: Plastic, 10-mL urine tube

Specimen Volume: 1 mL

Collection Instructions:

1. Collect a random urine specimen.
2. No preservative.

**Specimen Minimum Volume:**

0.5 mL

**Forms:**

If not ordering electronically, complete, print, and send Infectious Disease Serology Test Request (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Frozen	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
604095	Cryptococcus Ag Screen, LFA, U	Alphanumeric		16693-4

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87899

87899 (if appropriate)



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**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
ULFAT	Cryptococcus Ag Titer, LFA, U			No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
ULFAT	604369	Cryptococcus Ag Titer, LFA, U	Alphanumeric		93766-4

**Reference Values:**

Negative

Reference values apply to all ages.