

Reporting Title: Ma2 Ab ELISA, CSF**Performing Location:** Rochester**Necessary Information:**

Provide the following information:

1. Relevant clinical information
2. Ordering provider name, phone number, mailing address, and e-mail address

Specimen Requirements:

Container/Tube: Sterile vial

Preferred: Vial number 1

Acceptable: Any vial

Specimen Volume: 2 mL

Specimen Minimum Volume:

1 mL

Forms:

If not ordering electronically, complete, print, and send a Neurology Specialty Testing Client Test Request (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
605971	Ma2 Ab ELISA, CSF	Alphanumeric		101867-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83516

Reference Values:

Negative