



**Reporting Title:** KLHL11 Ab CBA, CSF

**Performing Location:** Rochester

**Specimen Requirements:**

Container/Tube: Sterile 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®
610580	KLHL11 Ab CBA, CSF	Alphanumeric		99073-9

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

0432U

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**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
K11TC	KLHL11 Ab IFA Titer, CSF			No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
K11TC	610582	KLHL11 Ab IFA Titer, CSF	Alphanumeric	titer	99071-3

**Reference Values:**

Negative