

Reporting Title: Q Fever Ab Scrn w/ Titer Reflex, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.6 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.5 mL

Forms:

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

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
QFEVR	Q Fever Ab Scrn w/ Titer Reflex, S	Alphanumeric		23019-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86638

86638 x 4 (if applicable)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
QFP	Q Fever IgM/IgG, Titer, S			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
QFP	80965	Q Fever Phase I Ab, IgG	Alphanumeric		34716-1
QFP	24011	Q Fever Phase II Ab, IgG	Alphanumeric		In Process
QFP	81115	Q Fever Phase I Ab, IgM	Alphanumeric		9710-5
QFP	24009	Q Fever Phase II Ab, IgM	Alphanumeric		9711-3
QFP	24010	Interpretation	Alphanumeric		69048-7

Reference Values:

Negative

Reference values apply to all ages