



Reporting Title: GABA-A-R Ab CBA, CSF

Performing Location: Rochester

Specimen Requirements:

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Specimen Minimum Volume:

0.4 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®
620231	GABA-A-R Ab CBA, CSF	Alphanumeric		103715-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86255



Reference Values:

Negative