

Reporting Title: Cryptococcus Ag Screen w/Titer, CSF**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube: Sterile vial

Specimen Volume: 1 mL

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
CSF	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
62074	Cryptococcus Ag Screen w/Titer, CSF	Alphanumeric		29896-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

87899-Cryptococcus screen

87899-Cryptococcus titer (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
CLFAT	Cryptococcus Ag Titer, LFA, CSF			No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CLFAT	62076	Cryptococcus Ag Titer, LFA, CSF	Alphanumeric		9817-8

Reference Values:

Negative

Reference values apply to all ages.