

Reporting Title: MOG FACS, S**Performing Location:** Rochester**Specimen Requirements:**

Patient Preparation: For optimal antibody detection, specimen collection should occur prior to initiation of immunosuppressant medication.

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

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

Specimen Minimum Volume:

1 mL

Forms:

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

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
65563	MOG FACS, S	Alphanumeric		90248-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86363

86363-titer (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
MOGTS	MOG FACS Titer, S			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
MOGTS	65564	MOG FACS Titer, S	Alphanumeric	titer	In Process

Reference Values:

Negative