

Reporting Title: Ehrlichia Ab Panel**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

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

Specimen Minimum Volume:

See Specimen Required

Forms:

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

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
81157	Anaplasma phagocytophilum Ab, IgG,S Also used by tests: ANAP	Alphanumeric	titer	23877-4
81478	Ehrlichia Chaffeensis (HME) Ab, IgG Also used by tests: EHRC	Alphanumeric	titer	47405-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
ANAP	Anaplasma phagocytophilum Ab, IgG,S			Yes	Yes
EHRC	Ehrlichia Chaffeensis (HME) Ab, IgG			Yes	Yes

CPT Code Information:

86666 x 2

Reference Values:**ANAPLASMA PHAGOCYTOPHILUM**

<1:64

Reference values apply to all ages.

EHRlichia CHAFFEENSIS

<1:64

Reference values apply to all ages.