

**Reporting Title:** Blastomyces Ab Immunodiffusion, CSF**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube: Sterile vial

Specimen Volume: 0.5 mL

Collection Instructions: Submit specimen from collection vial 1.

**Specimen Minimum Volume:**

0.3 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®
15134	Blastomyces Immunodiffusion (CSF)	Alphanumeric		51741-7

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86612

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**Reference Values:**

Negative