

Reporting Title: Coccidioides Ab, CompF/ImmDiff, CSF**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube: Sterile vial

Specimen Volume: 2 mL

Collection Instructions: Submit specimen from collection vial 2.

Specimen Minimum Volume:

1.2 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®
81542	Coccidioides Ab, CompF, CSF	Alphanumeric		13917-0
21002	Coccidioides, IgG, ImmDiff, CSF	Alphanumeric		94662-4
21001	Coccidioides, IgM, ImmDiff, CSF	Alphanumeric		94663-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86635 x 3

Reference Values:**COMPLEMENT FIXATION**

Negative

If positive, results are titered.

IMMUNODIFFUSION

Negative

Results are reported as positive, negative, or equivocal.