

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

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Collection Instructions: Submit specimen from collection vial 2.

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®
15118	Histoplasma Mycelial (CSF)	Alphanumeric		27220-3
15119	Histoplasma Yeast (CSF)	Alphanumeric		27209-6
15120	Histoplasma Immunodiffusion (CSF)	Alphanumeric		91682-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86698 x 3

Reference Values:

MYCELIAL BY COMPLEMENT FIXATION (CF)

Negative (positives reported as titer)

YEAST BY CF

Negative (positives reported as titer)

ANTIBODY BY IMMUNODIFFUSION

Negative (positives reported as band present)