

Reporting Title: Coccidioides Ab, CompF/ImmDiff, S**Performing Location:** Rochester**Ordering Guidance:**

This test is a confirmatory assay for positive screening tests (ie, enzyme immunoassay).

The recommended test to evaluate for possible Coccidioides infection is COXIS / Coccidioides Antibody Screen with Reflex, Serum.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1.8 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

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
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
8295	Coccidioides Ab, CompF, S	Alphanumeric		In Process
21649	Coccidioides, IgG, ImmDiff, S	Alphanumeric		62459-3
21648	Coccidioides, IgM, ImmDiff, S	Alphanumeric		62458-5

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.