



Reporting Title: Calif(LaCrosse) Encep Ab Panel, CSF

Performing Location: Rochester

Ordering Guidance:

This assay detects California virus antibodies only. For a complete arbovirus panel, order ABOPC / Arbovirus Antibody Panel, IgG and IgM, Spinal Fluid.

New York State clients: This test is not offered for specimens originating in New York.

Specimen Requirements:

Container/Tube: Sterile vial

Preferred: Vial number 1

Acceptable: Any vial

Specimen Volume: 0.8 mL

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®
26365	Calif(LaCrosse) Encep Ab, IgG,CSF	Alphanumeric		9539-8
26366	Calif(LaCrosse) Encep Ab, IgM,CSF	Alphanumeric		9540-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No



CPT Code Information:

86651 x 2

Reference Values:

IgG: <1:1

IgM: <1:1

Reference values apply to all ages.