MAYO CLINIC LABORATORIES

Test Definition: STLPC

St. Louis Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid

Reporting Title: St. Louis Enceph Ab Panel, CSF
Performing Location: Rochester

Ordering Guidance:

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

New York State Clients: This test is not available 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:

0.7 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®
26367	St. Louis Enceph Ab, IgG, CSF	Alphanumeric		21509-5
26368	St. Louis Enceph Ab, IgM, CSF	Alphanumeric		21510-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

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CPT Code Information:

86653 x 2

Reference Values:

IgG: <1:1
IgM: <1:1
Reference values apply to all ages.