

**Reporting Title:** VDRL, CSF**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube: Sterile vial

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Submit specimen collected in vial 2, if possible. If not, note which vial from which the aliquot was obtained.

**Specimen Minimum Volume:**

0.2 mL

Specimen Type	Temperature	Time	Special Container
CSF	Frozen (preferred)	14 days	
	Refrigerated	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
9028	VDRL, CSF	Alphanumeric		5290-2

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86592

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**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
VDSFQ	VDRL Titer, CSF			No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
VDSFQ	65036	VDRL Titer, CSF	Alphanumeric		31146-4

**Reference Values:**

Negative

Reference values apply to all ages.