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**Reporting Title:** MVista Histoplasma Antigen  
**Performing Location:** MiraVista Diagnostics**Specimen Requirements:**

Submit only 1 of the following specimens:

**Bronchial Washing**

Collect 2 mL of Bronchial Washing in leak proofed container.

Ship refrigerate.

Required:

1. Label specimen appropriately (Bronchial Washing)

**Body Fluid**

Collect 2 mL of Body Fluid in leak proofed container.

Ship refrigerate.

Required:

1. Label specimen appropriately (Type of Body Fluid)

Note: MiraVista will test most body fluids with the following disclaimer: The reference range and other method performance specifications have not been established for this test in this type of Body Fluid. The test results should be integrated into the clinical context for interpretation.

Note: Minimum volume does not allow for repeats.

**Specimen Minimum Volume:**

0.5 mL

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

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
FHST	Z1746	Specimen Type	Plain Text	Yes

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**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
Z1746	Specimen Type	Alphanumeric		31208-2
Z1747	Result	Alphanumeric	ng/mL	57766-8
Z1748	Interpretation	Alphanumeric		59464-8

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87385

**Reference Values:**