

Histoplasma Antibody

Order Name: **SHSTO**
Revision Date: 12/16/2019

| TEST NAME | | METHODOLOGY | | LOINC CODE |
|-----------------------|---|---------------|--------------------|-----------------------|
| Histoplasma Antibody | | | | |
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| SPECIMEN REQUIREMENTS | | | | |
| Specimen | Specimen Volume (min) | Specimen Type | Specimen Container | Transport Environment |
| Preferred | 0.5 mL (0.5 mL) | Serum | Serum Gel Tube | Refrigerated |
| Alternate 1 | 0.5 mL (0.5 mL) | Serum | Red Top | Refrigerated |
| Instructions | Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered. | | | |
| Reference Range | MYCELIAL BY COMPLEMENT FIXATION (CF) Negative (positives reported as titer) | | | |
| | YEAST BY CF Negative (positives reported as titer) | | | |
| | ANTIBODY BY IMMUNODIFFUSION Negative (positives reported as band present) | | | |
| Methodology | Complement Fixation (CF)/Immunodiffusion | | | |

| GENERAL INFORMATION | |
|---------------------|---|
| Testing Schedule | Monday; 6 a.m.; Tuesday through Friday; 9:30 a.m. |
| Expected TAT | 2-7 days |
| Notes | Specimen Stability: Refrigerated (preferred) - 14 Days Frozen - 14 Days |
| CPT Code(s) | 86698 x 3 |
| Lab Section | NRLS-Mayo Medical Laboratories |