

Histoplasma Antibody

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

TEST NAME	METHODOLOGY	LOINC CODE
Histoplasma Antibody		

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	<p>MYCELIAL BY COMPLEMENT FIXATION (CF) Negative (positives reported as titer)</p> <p>YEAST BY CF Negative (positives reported as titer)</p> <p>ANTIBODY BY IMMUNODIFFUSION Negative (positives reported as band present)</p>			
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