MAYO CLINIC LABORATORIES

Test Definition: FHST

MVista Histoplasma Antigen

Overview

Method Name
Enzyme Immunoassay (EIA)

NY State Available
Yes

Specimen

Specimen Type
Varies
Specimen Required
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.

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	Specimen that is too viscous to pipette. Tissue, biopsy, sputum, bronchial brush, tracheal aspirate, FNA, bone marrow aspirate, stool or samples in transport media, fixative or Isolator tubes

Specimen Minimum Volume

0.5 mL

Specimen Stability Information

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

Clinical & Interpretive

Reference Values

Reference interval: None Detected

Reportable Range: Positive Results reported in ng/mL from 0.20 ng/mL to 20.00 ng/mL

Positive Results above 20.00 ng/mL are reported as “Above the Limit of Quantification”.

Cautions

Interfering Substances & Cross-Reactivities:

Sputolysin, sodium hydroxide and potassium hydroxide treatment degrade the analyte detected in the assay.
Cross-reactions are seen with blastomycosis, paracoccidioidomycosis, penicilliosis, less frequently in coccidioidomycosis, rarely in aspergillosis, and possibly sporotrichosis.

Performance

PDF Report

No

Performing Laboratory Location

MiraVista Diagnostics

Fees & Codes

Test Classification

This test was developed and its performance characteristics determined by MiraVista Diagnostics. It has not been cleared or approved by the FDA; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.

CPT Code Information

87385

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FHST	MVista Histoplasma Antigen	57766-8

Result ID	Reporting Name	LOINC®
Z1746	Specimen Type	31208-2
Z1747	Result	57766-8

Z1748	Interpretation	59464-8