

**Reporting Title:** Histoplasma Ab, S**Performing Location** Rochester**Specimen Requirements:****Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Specimen Volume:** 0.5 mL**Forms:**If not ordering electronically, complete, print, and send a [Microbiology Test Request](#) (T244) with the specimen.

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
15121	Histoplasma Mycelial	Alphanumeric		20573-2
15122	Histoplasma Yeast	Alphanumeric		20574-0
15123	Histoplasma Immunodiffusion	Alphanumeric		90232-0

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86698 x 3

**Reference Values:**

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)