

**Reporting Title:** Histoplasma Ag, Quant EIA, U**Performing Location** Rochester**Specimen Requirements:****Supplies:** Aliquot tube, 5 mL (T465)**Container/Tube:** Plastic vial**Specimen Volume:** 4 mL**Collection Instructions:**

1. Collect a random urine specimen.
2. No preservative.
3. **Do not centrifuge** to remove particulates.

**Forms:**If not ordering electronically, complete, print, and send a [Microbiology Test Request](#) (T244) with the specimen.

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Frozen	31 days	
	Ambient	72 hours	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
HISTF	Histoplasma Ag Result	Alphanumeric		44524-7
DEXUH	Histoplasma Ag Value	Alphanumeric	ng/mL	48952-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

87385

**Reference Values:**

HISTOPLASMA ANTIGEN RESULT:

Not Detected

HISTOPLASMA ANTIGEN VALUE

Not Detected

Detected: &lt;0.2 ng/mL

Detected: 0.2-25.0 ng/mL

Detected: &gt;25.0 ng/mL