

Reporting Title: Coccidioides Ab Screen w/Reflex, S**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Specimen Requirements:****Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**Collection Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 2 mL Serum**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.**Forms:**

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

[-Kidney Transplant Test Request](#)[-Infectious Disease Serology Test Request](#) (T916)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
COXQ2	Coccidioides Ab Screen, S	Alphanumeric		40712-2

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86635

86635 x3 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
RSCOC	Coccidioides Ab, CompF/ImmDiff,S	1	86635	No	Yes, (order SCOC)

Result Codes for Reflex Tests:

Test Definition: COXIS

Coccidioides Antibody Screen with Reflex,
Serum

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
RSCOC	35942	Coccidioides Ab, CompF,S	Alphanumeric		33379-9
RSCOC	35943	Coccidioides, IgG, ImmDiff,S	Alphanumeric		46182-2
RSCOC	35944	Coccidioides, IgM, ImmDiff,S	Alphanumeric		46183-0

Reference Values:

Negative

Reference value applies to all ages