

Overview
Profile Information

Test ID	Reporting Name	Available Separately	Always Performed
CXB_1	Coxsackie B(1-6) Antibodies, S	No	Yes
ECH_1	Echovirus Antibody Panel, Serum	No	Yes
FINFL	Influenza Types A and B Ab, Serum	No	Yes
FFCPA	Chlamydomphila pneumoniae Ab IgG/A/M	No	Yes

Method Name

Complement Fixation (CF)/Immunoflourescence Assay (IFA)

NY State Available

Yes

Specimen
Specimen Type

Serum

Specimen Required
Container/Tube:
Preferred: Red top

Acceptable: Serum gel

Specimen Volume: 3 mL

Collection instructions:

Draw blood in a plain red top tube(s), serum gel tube is acceptable. Spin down and send 3 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume

2 mL

Reject Due To

Hemolysis	Mild OK; Gross OK
Lipemia	Mild OK; Gross OK

Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	30 days	
	Ambient	7 days	

Clinical and Interpretive
Reference Values
MYOCARDITIS-PERICARDITIS PANEL
COXSACKIE B(1-6) ANTIBODIES, SERUM

REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:

<1:8 Antibody Not Detected

> or = 1:8 Antibody Detected

Single titers of > or = 1:32 are indicative of recent infection. Titers of 1:8 or 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. There is considerable crossreactivity among enteroviruses; however, the highest titer is usually associated with the infecting serotype.

This test was developed and its performance characteristics have been determined by Quest Diagnostics Infectious Disease. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

ECHOVIRUS ANTIBODIES, SERUM

REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:

<1:8 Antibody Not Detected

> or = 1:8 Antibody Detected

Single titers > or = 1:32 are indicative of recent infection. Titers of 1:8 and 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer

between acute and convalescent specimens confirms the diagnosis. There is considerable crossreactivity among enteroviruses; however, the highest titer is usually associated with the infecting serotype.

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INFLUENZA TYPES A AND B ANTIBODIES, SERUM

REFERENCE RANGE: <1:8

INTERPRETIVE CRITERIA:

<1:8 Antibody Not Detected

> or = 1:8 Antibody Detected

Single titers of > or = 1:64 are indicative of recent infection. Titers of 1:8 to 1:32 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.

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CHLAMYDOPHILA PNEUMONIAE ANTIBODIES (IgG, IgA, IgM)

REFERENCE RANGE: IgG <1:64

IgA <1:16

IgM <1:10

The immunofluorescent detection of specific antibodies to Chlamydomphila pneumoniae may be complicated by cross-reactive antibodies, non-specific antibody stimulation, or past exposure to similar organisms such as C. psittaci and Chlamydia trachomatis. IgM titers of 1:10 or greater usually indicate recent infection, and any IgG titer may indicate past exposure. IgA is typically present at low titers during primary infection, but may be elevated in recurrent exposures or in chronic infection.

Performance**PDF Report**

No

Day(s) Performed

Monday through Saturday

Report Available

2 to 9 days

Specimen Retention Time

6 weeks

Performing Laboratory Location

Quest Diagnostics Infectious Disease

Fees and Codes
Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

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CPT Code Information

86658 x 11

86710 x 2

86331 x 2

86632

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FMYPP	Myocarditis/Pericarditis Panel	Not Provided

Result ID	Test Result Name	Result LOINC Value
Z2303	Coxsackie B1 Ab	5104-5
Z2309	Echovirus 4 Ab	5143-3
Z5241	C. pneumoniae IgG	6913-8
Z0364	Influenza A Ab	5229-0
Z0365	Influenza B Ab	5230-8
Z5242	C. pneumoniae IgA	6912-0
Z2310	Echovirus 7 Ab	6922-9
Z2304	Coxsackie B2 Ab	5106-0
Z2305	Coxsackie B3 Ab	5108-6
Z2311	Echovirus 9 Ab	5147-4
Z5243	C. pneumoniae IgM	6914-6
Z5244	Interpretation	50612-1
Z2313	Echovirus 11 Ab	6708-2

Result ID	Test Result Name	Result LOINC Value
Z2306	Coxsackie B4 Ab	5110-2
Z2307	Coxsackie B5 Ab	5112-8
Z2314	Echovirus 30 Ab	6392-5
Z2308	Coxsackie B6 Ab	5114-4