

Overview

Method Name

Quantitative Sandwich 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.

Specimen Minimum Volume

0.5 mL

Reject Due To

|       |   |
|-------|---|
| 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 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

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

Performance

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

3 to 5 days

Performing Laboratory Location

MiraVista Diagnostics

Fees & 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 account representative. For assistance, contact [Customer Service](#).

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 | Test Result Name | Result LOINC® Value |
|-----------|------------------|---------------------|
| Z1746     | Specimen Type    | 31208-2             |
| Z1747     | Result           | 57766-8             |
| Z1748     | Interpretation   | 59464-8             |