

## Overview

### Method Name

Quantitative Sandwich Enzyme Immunoassay (EIA)

### NY State Available

No

## Specimen

### Specimen Type

Varies

### Specimen Required

Submit only one of the following:

**Specimen Type:** CSF or Bronchoalveolar Fluid

**Container/Tube:** Sterile leak-proof container

**Specimen Volume:** 2 mL

### Collection Instructions:

**CSF:** Collect 2 mL of spinal fluid (CSF) in sterile leak-proof container. Send refrigerated in a plastic screw cap vial.

**Bronchoalveolar Lavage:** Collect 2 mL in sterile leak-proof container. Send refrigerated in a plastic screw cap vial.

### NOTE:

Â 1. Specimen type is required.

Â 2. Separate order required for each specimen.

Â 3. Sputolysin, sodium hydroxide, and potassium hydroxide treatment degrade the analyte detected in the assay.

### Specimen Minimum Volume

CSF: 0.8 mL; BAL: 0.5 mL

### Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
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 and Interpretive****Reference Values**

Reference Value: None Detected

Results reported as ng/mL in 0.2 - 14.7 ng/mL range

Results above the limit of detection but below 0.2 ng/mL are reported as 'Positive, Below the Limit of Quantification'

Results above 14.7 ng/mL are reported as 'Positive, Above the Limit of Quantification'

**Cautions**

Cross-reactions are seen with histoplasmosis, 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) and Time(s) Test Performed**

Monday through Friday

**Analytic Time**

1 day

**Maximum Laboratory Time**

3-6 days

**Performing Laboratory Location**

MiraVista Diagnostics

**Fees and Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.

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- 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**

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**

87449

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
FBMO	MVista Blastomyces Ag, Fluid	Not Provided

Result ID	Test Result Name	Result LOINC Value
Z5523	Specimen Type	31208-2
Z5524	Result:	Not Provided
Z5525	Interpretation	Not Provided