Reporting Title: Myocarditis/Pericarditis Panel
Performing Location: Focus Diagnositics, Inc.

Specimen Requirements:

Container/Tube:
Preferred: Red top
Acceptable: Serum gel
Specimen Volume: 3 mL

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z2303	Coxsackie B1 Ab	Alphanumeric		In Process
Z2304	Coxsackie B2 Ab	Alphanumeric		In Process
Z2305	Coxsackie B3 Ab	Alphanumeric		In Process
Z2306	Coxsackie B4 Ab	Alphanumeric		In Process
Z2307	Coxsackie B5 Ab	Alphanumeric		In Process
Z2308	Coxsackie B6 Ab	Alphanumeric		In Process
Z2309	Echovirus 4 Ab	Alphanumeric		In Process
Z2310	Echovirus 7 Ab	Alphanumeric		In Process
Z2311	Echovirus 9 Ab	Alphanumeric		In Process
Z2313	Echovirus 11 Ab	Alphanumeric		In Process
Z2314	Echovirus 30 Ab	Alphanumeric		In Process
Z0364	Influenza A Ab	Alphanumeric		In Process
Z0365	Influenza B Ab	Alphanumeric		In Process
Z0553	C. pneumoniae IgG	Alphanumeric		In Process
Z0554	C. pneumoniae IgA	Alphanumeric		In Process
Z0555	C. pneumoniae IgM	Alphanumeric		In Process

Result ID	Reporting Name	Type	Unit	LOINC®
Z0556	Interpretation	Alphanumeric		In Process

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
Billing only	Influenza Virus Types A/B	2	86710		
Billing only	enterovirus	6	86658		
Billing only	enterovirus	5	86658		
Billing only	Gel Diffusion, Qual, each	2	86331		
Billing only	Chlamydia, IgM	1	86632		
CXB_1	Coxsackie B(1-6) Antibodies, S			Yes	Yes (Order COXB)
ECH_1	Echovirus Antibody Panel, Serum			Yes	Yes (Order ECHO)
FINFL	Influenza Types A and B Ab, Serum			Yes	No
FCPAB	Chlamydophila pneumoniae Ab IgG/M/A			Yes	No

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 Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

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.

This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

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.

This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.

CHLAMYDOPHILA PNEUMONIAE ANTIBODIES (IgG, IgA, IgM)

REFERENCE RANGE: IgG <1:64
IgA <1:16
IgM <1:10

The immunofluorescent detection of specific antibodies to Chlamydophila 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.

These assays were developed and their performance characteristics have been determined by Focus Diagnostics. They have not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

Test Performed by: Focus Diagnostics, Inc.
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