

Reporting Title: AMPA-R Ab CBA, CSF**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube: Sterile vial

Specimen Volume: 1 mL

Additional Information: Include relevant clinical information, name, phone number, mailing address, and E-mail address (if applicable) of ordering physician

Specimen Type	Temperature	Time
CSF	Refrigerated (preferred)	28 days
	Frozen	28 days
	Ambient	72 hours

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
61514	AMPA-R Ab CBA, CSF	Alphanumeric		In Process

CPT Code: 1 x 86255**Reference Values:**

Negative