

**Reporting Title:** Cryptococcus Ag w/Reflex, LFA, CSF

**Performing Location:** Rochester

**Specimen Requirements:**

Container/Tube: Sterile container/vial

Specimen Volume: 1 mL

Specimen Type	Temperature	Time
CSF	Refrigerated (preferred)	14 days
	Frozen	14 days

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
FGENC	Q00M0021	Specimen Source	Plain Text	No

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
62074	Cryptococcus Ag Screen w/Titer, CSF	Alphanumeric		In Process

**Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
CLFA	Cryptococcus Ag Screen w/Titer, CSF	1	87899	Yes	Yes

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
CLFAT	Cryptococcus Ag Titer, LFA, CSF	1	87899	No	Yes

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
FGENC	Fungal Culture, CSF	1	87102	No	Yes (Order FGEN)

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
CLFAT	62076	Cryptococcus Ag Titer, LFA, CSF	Alphanumeric		In Process
FGENC	FGENC	Fungal Culture, CSF	Alphanumeric		In Process

**Reference Values:**

CRYPTOCOCCUS ANTIGEN SCREEN WITH TITER  
Negative

CRYPTOCOCCUS ANTIGEN TITER, LFA  
Negative

FUNGAL CULTURE  
Negative  
If positive, fungus will be identified.