

## Enterovirus Antibody Panel (CSF)

Order Name: **CSF ENTERO**  
Test Number: 5573150  
Revision Date: 04/02/2024

TEST NAME	METHODOLOGY	LOINC CODE
Coxsackie A Virus Antibodies - CSF	Complement fixation (CF)	
Echovirus Antibodies - CSF	Complement fixation (CF)	

### SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	<b>6 mL (2 mL)</b>	<b>CSF (Cerebrospinal Fluid)</b>	<b>Sterile Screwtop Container</b>	<b>Refrigerated</b>
Instructions	Preferred to have four (1 - 2mL) individual aliquots for testing the individual viruses.			

### GENERAL INFORMATION

Testing Schedule	Tue-Sat
Expected TAT	3-6 Days
Notes	<i>See individual assays for more information.</i>
CPT Code(s)	86658x6, 86658x5
Lab Section	Reference Lab