
WBC Count

Refer to White Blood Cell Count.

Western Blot - HIV 1 Antibody Confirmation

Refer to Human Immunodeficiency Virus 1 Antibody, Confirmation, Western Blot.

Test Code 3844

West Nile Virus Antibodies, IgG & IgM by ELISA, CSF

Methodology: Enzyme-Linked Immunosorbent Assay
Performed: Tue, Fri
Reported: 2 – 3 days

Specimen Required: **Collect:** CSF.
Transport: 2 mL CSF at 2-8°C. (Min: 0.5 mL)
Pediatric Collection/Transport: 0.3 mL CSF at 2-8°C.
Unacceptable Conditions: Heat-inactivated, contaminated, or hemolyzed samples.
Stability: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

Components

Reference Interval

West Nile Virus Antibody, IgG by ELISA, CSF	<1.30 IV: Negative - No significant level of West Nile virus IgG antibody detected. 1.30-1.50 IV: Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful. > 1.50 IV: Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.
West Nile Virus Antibody, IgM by ELISA, CSF	<0.90 IV: Negative - No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV: Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. > 1.10 IV: Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Interpretive Data:

This test is intended to be used as a semi-quantitative means of detecting West Nile virus-specific IgG and IgM in CSF samples in which there is a clinical suspicion of West Nile virus infection. This test should not be used solely for quantitative purposes, nor should the results be used without correlation to clinical history or other data. Because other members of the Flaviviridae family, such as St. Louis encephalitis virus, show extensive cross-reactivity with West Nile virus, serologic testing specific for these species should also be performed.

The detection of antibodies to West Nile virus in cerebrospinal fluid may indicate central nervous system infection. However, consideration must be given to possible contamination by blood or transfer of serum antibodies across the blood-brain barrier.

CPT Code(s):
86790 x2

Methodology: Enzyme-Linked Immunosorbent Assay
Performed: Tue, Fri
Reported: 2 – 3 days

Specimen Required: **Collect:** One 4 mL SST.
Transport: 1 mL serum at 2-8 °C. (Min: 0.5 mL)
Pediatric Collection/Transport: 0.15 mL serum at 2-8°C.
Remarks: Separate serum from cells ASAP. Acute and convalescent samples must be labeled as such; parallel testing is preferred and convalescent samples must be received within 30 days from receipt of the acute samples. Please mark sample plainly as "acute" or "convalescent."
Unacceptable Conditions: Plasma and hemolyzed, severely lipemic, heat-inactivated, or contaminated samples.
Stability: After separation from clot: Ambient: 2 days; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Reference Interval:

Components	Reference Interval
West Nile Virus Antibody, IgG by ELISA, Serum	<1.30 IV: Negative - No significant level of West Nile virus IgG antibody detected. 1.30-1.50 IV: Equivocal - Questionable presence of West Nile virus IgG antibody detected. Repeat testing in 10-14 days may be helpful. >1.50 IV: Positive - Presence of IgG antibody to West Nile virus detected, suggestive of current or past infection.
West Nile Virus Antibody, IgM by ELISA, Serum	<0.90 IV: Negative - No significant level of West Nile virus IgM antibody detected. 0.90-1.10 IV: Equivocal - Questionable presence of West Nile virus IgM antibody detected. Repeat testing in 10-14 days may be helpful. > 1.10 IV: Positive - Presence of IgM antibody to West Nile virus detected, suggestive of current or recent infection.

Interpretive Data:
 Refer to individual components for additional Interpretive Data.

CPT Code(s):
 86790 x2

Test Code 2800 White Blood Cell Count WBC

Methodology: Automated Cell Count
Performed: Hematology (Sunday – Saturday)
Reported: 1 Hour

Specimen Required: **Collect:** One 5 mL lavender (EDTA). (Min: 0.5 mL drawn in 3 mL lavender)
Transport: 5 mL whole blood (lavender EDTA) at 2-8°C. (Min: 0.5 mL of thoroughly mixed whole blood)
Pediatric Minimum/Transport (single test with no repeat): 0.5 mL of thoroughly mixed whole blood (1 lavender microtainer) at 2-8°C. (Min: 0.25 mL)
Unacceptable Conditions: Frozen or clotted samples.
Stability: Ambient: 24 hours; Refrigerated: 72 hours

Reference Interval:

Age	Birth – 1 Month	2 – 23 Months	2 – 3 Years	4 – 7 Years	8 – 13 Years	14 – 17 Years	18 or > Years
K/ μ L	9.0 – 30.0	5.0 – 19.5	6.0 – 17.5	5.5 – 15.5	4.5 – 13.5	4.5 – 13.0	3.6 – 9.2

CPT Code: 85048

Wound Culture

Refer to Culture – Wound.
