


**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	6 mL (2 mL)	CSF (Cerebrospinal Fluid)	Sterile Screwtop Container	Refrigerated
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	See individual assays for more information.
CPT Code(s)	86658x6, 86658x5
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.