

NPI# 1386895068
CLIA# 05D0644125
Director NPI# 1831206812
Lab Phone (530) 752-1757
Fax (530) 752-6813
Email coccy@ucdavis.edu
www.ucdmc.ucdavis.edu/medmicro/cocci.html

Ship specimens frozen or w icepack (49 CFR 173.199 or IATA PI 602 compliant):

FedEx, UPS, or Courier	Coccidioidomycosis Serology Lab, Tupper Hall Room 3137, UC Davis, West Health Sciences Dr., Davis CA 95616
USPS	Coccidioidomycosis Serology Lab, Tupper Hall Room 3137, UC Davis, 1 Shields Avenue, Davis CA 95616

PATIENT NAME (LAST, FIRST, MI)		ORDERING PHYSICIAN (LAST, FIRST, MI)	NPI#
CLIENT PATIENT ID (MRN)		ORDERING PHYSICIAN FAX	
GENDER <input type="checkbox"/> F <input type="checkbox"/> M	DATE OF BIRTH	ICD-10 DIAGNOSIS CODE(S)	
ENTITY TO BE BILLED (IF DIFFERENT THAN ORDERING FACILITY) NO PATIENT BILLING		SEND REPORT TO (FACILITY NAME, ADDRESS, STATE, ZIP, EMAIL)	
		SEND REPORT TO (FAX + OPTIONAL EMAIL OR WEB ACCOUNT)	E-FAX COMPATIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIMEN INFORMATION

SPECIMEN ID#	COLLECTION DATE	SPECIMEN TYPE <input type="checkbox"/> Serum <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cerebrospinal fluid <input type="checkbox"/> Lumbar <input type="checkbox"/> Cisternal <input type="checkbox"/> Ventricular (VP Shunt)
1. 3 mL (MINIMUM 2mL) SPECIMEN REQUIRED WITH REQUESTS FOR IMMUNODIFFUSION AND COMPLEMENT FIXATION 2. TUBES MUST BE LABELED WITH AT LEAST 2 PATIENT IDENTIFIERS 3. SPECIMENS MUST BE SHIPPED IN COMPLIANCE WITH 49 CFR, PART 173.199 OR IATA PACKING INSTRUCTION 602. 4. SERUM STABILITY: 6 MONTHS FROZEN, 2 WEEKS AT 4°C, 48HR AT ROOM TEMPERATURE			Date of Illness Onset _____ Patient Race _____
ESR _____ TOTAL WBC _____ DIFF: Neut _____ Lymph _____ Mono _____ Eos _____ CSF: Glucose _____ Protein _____ Cells _____ Histo _____ Other _____ Coccy serologic results obtained elsewhere: ID _____ Latex _____ EIA:(IgG) _____ EIA:(IgM) _____ Coccidioidal skin test _____ Immunocompromising conditions/drugs _____ Brief History/Current patient status: _____ Anti-fungal Medications (include total dose to date and route): _____			

TEST(S) REQUESTED

TEST	COST	CPT CODE(S)	MIN. VOLUME	TEST INFORMATION	DAYS PERFORMED	TAT
<input type="checkbox"/> Coccidioidal complement fixation (CF)	\$44	86171	1 mL	Macrotiler tube-based quantitative IgG assay. In some situations, quantitative immunodiffusion may also be performed at no additional cost. Coccidioidal CF titers correlate with prognosis.	T, W, Th, F	2-4 days
<input type="checkbox"/> Coccidioidal immunodiffusion (ID)	\$36	86331	1 mL	Qualitative IgG and IgM. Specimens are concentrated prior to testing, increasing sensitivity. Coccidioidal immunodiffusion is more sensitive and specific than complement fixation.	M - F	2-3 days
<input type="checkbox"/> Reflex: Immunodiffusion to Complement fixation (Default if no order selected)	\$36 (+ \$44 if reflexed)	86331 86171	2 mL	Immunodiffusion is performed and complement fixation is only performed (and billed) if immunodiffusion is positive.	M - F	2-5 days

No Patient/Insurance Billing

Effective 5-1-2018