



Test Definition: CBL

Blastomyces Antibody Immunodiffusion, Spinal Fluid

Overview

Useful For

Detection of antibodies in spinal fluid specimens from patients with blastomycosis

Method Name

Immunodiffusion (ID)

NY State Available

Yes

Specimen

Specimen Type

CSF

Specimen Required

Container/Tube: Sterile vial

Specimen Volume: 0.5 mL

Collection Instructions: Submit specimen from collection vial number 2 (preferred), 3, or 4.

Forms

If not ordering electronically, complete, print, and send [Infectious Disease Serology Test Request](#) (T916) with the specimen.

Specimen Minimum Volume

0.3 mL

Reject Due To

| | |
|-----------------|----|
| Gross hemolysis | OK |
| Gross lipemia | OK |

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| CSF | Refrigerated (preferred) | 14 days | |
| | Frozen | 14 days | |

Clinical & Interpretive

Clinical Information

The dimorphic fungus, *Blastomyces dermatitidis*, causes blastomycosis. When the organism is inhaled, it causes pulmonary disease-cough, pain, and hemoptysis, along with fever and night sweats. It commonly spreads to the skin, bone, or internal genitalia where suppuration and granulomas are typical. Occasionally, primary cutaneous lesions after trauma are encountered; however, this type of infection is uncommon. Central nervous system disease is uncommon.

Reference Values

Negative

Interpretation

A positive result is suggestive of infection, but the results cannot distinguish between active disease and prior exposure. Furthermore, detection of antibodies in cerebrospinal fluid (CSF) may reflect intrathecal antibody production or may occur due to passive transfer or introduction of antibodies from the blood during lumbar puncture.

Routine fungal culture of clinical specimens (eg, CSF) is recommended in cases of suspected blastomycosis involving the central nervous system.

Cautions

A negative result does not rule-out blastomycosis.

Patients with histoplasmosis may have low-titered cross-reactions.

Clinical Reference

1. Kaufman L, Kovacs JA, Reiss E. Clinical immunomycology. In: Rose NL, Conway-de Macario E, Folds JD, Lane HC, Nakamura RM, eds. Manual of Clinical Laboratory Immunology. ASM Press; 1997:588-589
2. Gauthier GM, Klein BS. Blastomycosis. In: Bennett JE, Dolin R, Blaser MJ, eds. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 9th ed. Elsevier; 2020:3177-3189

Performance

Method Description

The immunodiffusion (ID) test is a qualitative test employed for the detection of precipitating antibodies present in the specimen. Soluble antigens of the fungus are placed in wells of an agarose gel-filled Petri dish, and the patient's specimen and a control (positive) are placed in adjoining wells. If present, specific precipitate antibody will form precipitin lines between the wells. Their comparison to the control establishes the results. When performing the ID test, only precipitin bands of identity with the reference bands are significant.(Kaufman L, McLaughlin DW, Clark MJ, Blumer S. Specific immunodiffusion test for blastomycosis. Appl Microbiol. 1973;26:244-247; Williams JE, Murphy R, Standard PG, Phan JP. Serologic response in blastomycosis: diagnostic value of double immunodiffusion assay. Am Res Resp Dis. 1981;123:209-212; Bennett JE, Dolin R, Blaser MJ, eds. Mandell, Douglas, and Bennett's Principles and Practice of

Infectious Diseases. 9th ed. Elsevier; 2020)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

3 to 5 days

Specimen Retention Time

14 days

Performing Laboratory Location

Mayo Clinic Laboratories - Rochester Superior Drive

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

86612

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|--|--------------------|
| CBL | Blastomyces Ab Immunodiffusion, CSF | 51741-7 |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|-----------------------------------|---------------------|
| 15134 | Blastomyces Immunodiffusion (CSF) | 51741-7 |