



Laboratory Director: Deborah E. Blue, MD, MT(ASCP)

Patient Name		DOB	Report Printed
REPORT, CR			5/19/2020
Specimen Type		Client Information	MiraVista ID
Cerebrospinal Fluid		Test RightFax 6 Upstairs Right	M00001059
Specimen ID			
Collection Date	Received Date	Fax 317-455-2188	
01/01/2001	03/18/2020	Fax 317-433-2100	

LAB SERVICES REPORT

Test	Result	Unit	Interpretation	Report Date			
319 Cryptococcal Antigen by Latex Agglutination							
Cryptococcal Antigen LA	Positive 1:64		POSITIVE	03/27/2020			

Test Parameters:

Reference Interval: Negative

The College of American Pathologists (CAP, IMM.41840) requires that cerebrospinal fluid (CSF) samples submitted for initial diagnosis which test positive by the Cryptococcal Antigen Latex Agglutination assay be submitted for routine fungal culture. MiraVista Diagnostics does not provide fungal culture services.

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Patient Name	Specimen ID	Specimen Type	Collection Date
REPORT, CR		Cerebrospinal Fluid	01/01/2001