

Overview**Method Name**

Double Immunodiffusion (DID)

NY State Available

Yes

Specimen**Specimen Type**

Serum

Specimen Required**Collection Container/Tube:** Red top or serum gel**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL Serum**Collection Instructions:**

1. Centrifuge immediately after coagulation (30 minutes) to prevent hemolysis.
2. Aliquot 1 mL of serum into a plastic vial.
3. Send frozen.

Specimen Minimum Volume

Serum: 0.5 mL

Reject Due To

Hemolysis	Reject
Lipemia	Reject
Gross bacterial contamination	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	14 days	
	Ambient	14 days	
	Refrigerated	14 days	

Clinical & Interpretive

Clinical Information

Refer to www.labcorp.com/test-menu/

Reference Values

Aspergillus fumigatus

Neg: <1:1

Aspergillus flavus

Neg: <1:1

Aspergillus niger

Neg: <1:1

Performance**PDF Report**

No

Day(s) Performed

Monday through Friday

Report Available

4 to 9 days

Performing Laboratory Location

LabCorp Burlington

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](#).

CPT Code Information

86606 x 3

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FASAB	Aspergillus Ab, Qn, DID	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z5651	Aspergillus fumigatus	23821-2
Z5652	Aspergillus flavus	23820-4
Z5653	Aspergillus niger	10894-4