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**Lab Dept:** Serology

**Test Name:** HISTOPLASMA ANTIGEN, URINE

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***General Information***

**Lab Order Codes:** UHIAG

**Synonyms:** Histoplasma Ag, Urine; Histoplasma Polysaccharide Antigen

**CPT Codes:** 87385 - Infectious agent antigen detection by enzyme immunoassay technique. Qualitative or semiquantitative multiple step method; Histoplasma capsulatum  
87385-59 – Confirmatory test (if appropriate)

**Test Includes:** Histoplasma antigen result reported in ng/mL.

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***Logistics***

**Test Indications:** Aid for the diagnosis of Histoplasma capsulatum infection and to monitor quantitative Histoplasma antigen levels in urine. Patients having lived in or visited an endemic area may indicate possible exposure.

**Lab Testing Sections:** Serology - Sendouts

**Referred to:** Mayo Medical Laboratories (Test: UHIST) and possible reflex forward to Mira Vista Diagnostics, Indianapolis, IN (Test: FMVHU)

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1-2 days, test set up daily

**Special Instructions:** N/A

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***Specimen***

**Specimen Type:** Urine, random  
(Note: The sensitivity of antigen detection is greater using urine over serum.)

**Container:** Urine Cup or other leakproof container

**Draw Volume:** Submit entire random urine specimen

<b>Processed Volume:</b>	3 mL urine from a random urine collection (no preservative)
<b>Collection:</b>	Random or catheterized urine collection
<b>Special Processing:</b>	Lab Staff: Refrigerate specimen and send refrigerated to reference lab. <b>Do Not</b> use preservatives for collection.
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Specimens other than urine; mislabeled or unlabeled specimens

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***Interpretive***

<b>Reference Range:</b>	0.00 – 0.10	Negative
	0.11 – 0.49	Indeterminate
	>=0.50	Positive
Specimen with an Indeterminate result will be reflexed to Mira Vista Diagnostics for confirmation of result.		
<p><b>Confirmatory Reference Interval:</b> None detected Results are reported as ng/mL in 0.4 – 19 ng/mL</p> <p>Results above the limit of detection but below 0.4 ng/mL are reported as “Positive, Below the Limit of Quantification”.</p> <p>Results above 19 ng/mL are resported as “Positive, Above the Limit of Quantification”.</p>		

**Critical Values:** N/A

**Limitations:** N/A

**Methodology:** Enzyme Immunoassay (EIA) for both base test and reflex.

**References:** [Mayo Medical Laboratories Web Page](#) August 2014

Mira Vista Diagnostics Laboratories, Indianapolis, IN, 2014

**Updates:** 3/25/2004: Test moved from a direct referral to Mira Vista Diagnostics to a forward to the same laboratory through Mayo Medical Laboratories,  
3/1/2007: Result changed units, previously reported at EIA Units. Note reference range changes.  
4/1/2012: Reference range change.  
8/14/2014: Test now performed at MML with reflex to Mira Vista if appropriate.

