

<b>TEST:</b>	<b>Cryptococcal antigen assay</b>
Synonym:	<i>Cryptococcus neoformans</i> antigen
Laboratory/Phone:	443-681-3938/3931
Turnaround Time:	5 days
Specimen Required:	Serum or cerebrospinal fluid (CSF)
Specimen identification:	Label tube with patients first and last name
Specimen Volume (Optimum):	2 ml.
Specimen Volume (Minimum):	1 ml.
Collect:	Red Top vacutainer
Form:	DHMH 4677
Packaging and Shipping:	See packaging for transport instructions in Guide
Transport Conditions:	Collect ASAP after onset. Ship promptly on cold packs. Do not freeze.
Specimen Rejection Criteria:	Hemolysis; insufficient volume
Availability:	Monday through Friday
Results and Interpretation:	<p><b>POSITIVE</b>--<i>Cryptococcus neoformans</i> antigen detected. Additional follow-up and culture strongly recommended.</p> <p><b>NEGATIVE</b>—<i>Cryptococcus neoformans</i> antigen not detected. If status of patient suggest a cryptococcal infection, subsequent specimens and culture strongly recommended.</p>
Reference Range:	NEGATIVE
Additional Information:	
Purpose of Test:	For the detection of <i>Cryptococcus neoformans</i> capsular polysaccharide antigens in serum or CSF
Method:	Latex agglutination
Interfering Substances:	
Testing Site:	DHMH. Laboratories Administration, Central Laboratory 1770 Ashland Avenue, Baltimore, MD 21205
Comment:	<b>Diagnosis should be confirmed by identification of the organism from culture or by microscopic examination of the specimen</b>