

## Pneumococcal Antibody Panel (23 Serotype)

Test Code: 401835P

### Tests in this Panel

Pneumo Ab Type 1  
Pneumo Ab Type (2) <sup>d</sup>  
Pneumo Ab Type 3  
Pneumo Ab Type 4  
Pneumo Ab Type (5) <sup>d</sup>  
Pneumo Ab Type 8  
Pneumo Ab Type 9 (9N)  
Pneumo Ab Type 12 (12F)  
Pneumo Ab Type 14  
Pneumo Ab Type 17 (17F) <sup>d</sup>  
Pneumo Ab Type 19 (19F)  
Pneumo Ab Type (20) <sup>d</sup>  
Pneumo Ab Type 22 (22F) <sup>d</sup>  
Pneumo Ab Type 23 (23F)  
Pneumo Ab Type 26 (6B)  
Pneumo Ab Type 34 (10A) <sup>d</sup>  
Pneumo Ab Type 43 (11A) <sup>d</sup>  
Pneumo Ab Type 51 (7F)  
Pneumo Ab Type 54 (15B) <sup>d</sup>  
Pneumo Ab Type 56 (18C)  
Pneumo Ab Type 57 (19A) <sup>d</sup>  
Pneumo Ab Type 68 (9V)  
Pneumo Ab Type 70 (33F) <sup>d</sup>

### Clinical and Procedure

#### Clinical Utility

A common method for evaluating suspected antibody deficiency is to immunize the patient with an appropriately selected vaccine, such as Pneumococcal, and determine vaccine-specific antibody concentrations in a serum sample 4-8 weeks post-immunization compared to a pre-immunization sample.

#### Procedure

#### Turnaround Time

1-3 business days from receipt of specimen

### Specimen Information

[https://webdev.viracor-eurofins.com/images/Viracor\\_Eurofins\\_PDFlogo.jpg](https://webdev.viracor-eurofins.com/images/Viracor_Eurofins_PDFlogo.jpg) 1001 NW Technology Drive, Lee's Summit, MO 64086 // (800) 305-5198 // (816) 347-0143 Fax // [info@viracor-eurofins.com](mailto:info@viracor-eurofins.com)

Specimen Type	Order Code	CPT Code	NY Approved	Volume	Assay Range
serum	401835P	86317	Yes	1 mL (min. 100 uL)	is >1.3 µg/mL

Special Instructions

- Collect 1 mL, ambient, frozen, or refrigerated, so special shipping requirements.

## Disclaimer

Specimens are approved for testing in New York only when indicated in the Specimen Information field above. The CPT codes provided are based on Viracor Eurofins' interpretation of the American Medical Association's Current Procedural Terminology (CPT) codes and are provided for general informational purposes only. CPT coding is the sole responsibility of the billing party. Questions regarding coding should be addressed to your local Medicare carrier. Viracor Eurofins assumes no responsibility for billing errors due to reliance on the CPT codes illustrated in this material.

J6 Denotes Danish classification if different than American.

## References

Orange JS, Ballou M, Stiehm RE, et al. Use and interpretation of diagnostic vaccination in primary immunodeficiency: A working group report of the Basic and Clinical Immunology Interest Section of the American Academy of Allergy, Asthma & Immunology. *J Allergy Clin Immunol*. 2012 Sep;130(3 Suppl):S1-24.

Bonilla FA, Bernstein IL, Khan DA, et al. Practice parameter for the diagnosis and management of primary immunodeficiency. *Ann Allergy Asthma Immunol*. 2005 May;94(5 Suppl 1):S1-63.

Paris K, Sorensen R. Assessment and clinical interpretation of polysaccharide antibody response. *Ann Allergy Asthma Immunol*. 2007;99:462-4.