

NEW TEST

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***Aspergillus* Galactofuranose Antigen by EIA, Urine**

3021200, MYCOMEIA

Specimen Requirements:

Patient Preparation:

Collect: Random urine

Specimen Preparation: Transfer 1 mL urine to an ARUP sterile transport tube (ARUP supply #43115). (Min: 0.5 mL)

Transport Temperature: Frozen.

Unacceptable Conditions: Specimens other than urine. Urine in boric acid. Grossly bloody urine. Serum: refer to test *Aspergillus* Galactomannan Antigen by EIA, Serum (ARUP test code 0060068). BAL: refer to *Aspergillus* Galactomannan Antigen by EIA, Bronchoscopy (ARUP test code 2003150).

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 21 days

Methodology: Qualitative Enzyme Immunoassay (EIA)

Note:

For serum specimens, refer to *Aspergillus* Galactomannan Antigen by EIA, Serum (ARUP test code 0060068). For bronchial specimens refer to *Aspergillus* Galactomannan Antigen by EIA, Bronchoscopy (ARUP test code 2003150). For sputum, tissue, or other sterile body fluid specimens, refer to *Aspergillus* Species by PCR (ARUP test code 3000265).

Reference ranges for pediatric patients (less than 18 years old) have not been established. Assay ranges were validated in adult subjects.

CPT Codes: 87305

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

An *Aspergillus* galactofuranose index of greater than or equal to 0.6 is considered positive. This result should be interpreted in the context of patient history, clinical signs/symptoms, and other routine diagnostic tests (e.g., culture, histologic examination of biopsy material, and radiographic imaging).

Cross-reactivity has been observed with the *Aspergillus* galactofuranose antigen assay and infections caused by *Histoplasma*, *Blastomyces*, and *Fusarium*.

Reference Interval:

Test Number	Components	Reference Interval
	Aspergillus Galactofuranose Ag, Urine	Negative
	Aspergillus Galactofuranose Index	≤0.5

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.