



## Myocarditis/Pericarditis Panel

### Explanation:

The following new orderable, referred to Quest Diagnostics, will be available March 13, 2023.

### Test ID: FMPP2

### Profile Information:

Test ID	Reporting Name	Available Separately	Always Performed
ECH_1	Echovirus Antibody Panel, Serum	No	Yes
FINFL	Influenza Types A and B Ab, Serum	No	Yes
FFCPA	Chlamydomphila pneumoniae Ab IgG/A/M	No	Yes

### Methods:

Complement Fixation (CF)/Immunofluorescence Assay (IFA)

### Reference Values:

#### MYOCARDITIS-PERICARDITIS PANEL

#### ECHOVIRUS ANTIBODIES, SERUM

REFERENCE RANGE: <1:8

#### INTERPRETIVE CRITERIA:

<1:8 Antibody Not Detected

>or=1:8 Antibody Detected

Single titers >or=1:32 are indicative of recent infection. Titers of 1:8 and 1:16 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. There is considerable cross-reactivity among enteroviruses; however, the highest titer is usually associated with the infecting serotype.

#### INFLUENZA TYPE A AND B ANTIBODIES, SERUM

REFERENCE RANGE: <1:8

**INTERPRETIVE CRITERIA:**

<1:8 Antibody Not Detected

>or=1:8 Antibody Detected

Single titers of >or=1:64 are indicative of recent infection. Titers of 1:8 and 1:32 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis.

**CHLAMYDOPHILA PNEUMONIAE ANTIBODIES (IgG, IgA, IgM)**

REFERENCE RANGE: IgG <1:64

IgA <1:64

IgM<1:10

The immunofluorescent detection of specific antibodies to Chlamydomphila pneumoniae may be complicated by cross-reactive antibodies, non-specific antibody stimulation, or past exposure to similar organisms such as C. psittaci and Chlamydia trachomatis. IgM titers of 1:10 or greater usually indicate recent infection, and any IgG titer may indicate past exposure. IgA is typically present at low titers during primary infection but may be elevated in recurrent exposures or in chronic infection.

**Specimen Requirements:**

**Container/Tube:** Red top

**Acceptable:** SST

**Specimen Volume:** 2 mL

**Collection Instructions:** Draw blood in a plain red top tube(s), serum gel tube is acceptable. Spin down and send 2 mL of serum ambient in a plastic vial.

**Minimum Volume:** 1 mL

**Specimen Stability Information:**

Specimen Type	Temperature	Time
Serum	Ambient (preferred)	7 days
	Frozen	30 days
	Refrigerated	14 days

**Fee:** \$439.95

**CPT Code:** 86632, 86631 x2, 86658 x5, 86710 x2

**Day(s) Setup:** Tuesday through Saturday

**Report Available:** 4 to 11 days

**Questions:**

Contact MCL Referrals Supervisor Amy Bluhm at 800-533-1710.