Pneumococcal Avidity Panel (14 Serotype)
Test Code: 401846P

Tests in this Panel

- Pneumo Ab Type 5 Avidity
- Pneumo Ab Type 68 (9V) Avidity
- Pneumo Ab Type 1 Avidity
- Pneumo Ab Type 3 Avidity
- Pneumo Ab Type 4 Avidity
- Pneumo Ab Type 26 (6B) Avidity
- Pneumo Ab Type 8 Avidity
- Pneumo Ab Type 9 (9N) Avidity
- Pneumo Ab Type 12 (12F) Avidity
- Pneumo Ab Type 14 Avidity
- Pneumo Ab Type 19 (19F) Avidity
- Pneumo Ab Type 23 (23F) Avidity
- Pneumo Ab Type 51 (7F) Avidity
- Pneumo Ab Type 56 (18C) Avidity

Clinical and Procedure

Clinical Utility
The avidity of antibody induced by a vaccine is an independent correlate of protection and this information is an important supplement to the measurement of antibody titer. The ability to generate higher avidity antibodies is a key aspect of a fully functional immune response. Measurement of antibody avidity is an important determinant of protective efficacy against pneumococci. There is a strong correlation between avidity and opsonophagocytic activity.

Procedure
Multiplexed microsphere preparations, each coated with one Pne-PS serotype, are incubated with patient serum that has been preadsorbed with cell wall polysaccharide. After washing, varying concentrations of ammonium thiocyanate or PBS are added. Bound antibodies are detected with an antibody that recognizes human IgG. The IgG antibody concentration is calculated in samples from a standard curve referenced to WHO standard serum 89SF. The avidity is calculated based on binding with various concentrations of thiocyanate. This test has not been cleared or approved for diagnostic use by the U.S. Food and Drug Administration.

Turnaround Time
5-7 business days from receipt of specimen

Specimen Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Order Code</th>
<th>CPT Code</th>
<th>NY Approved</th>
<th>Volume</th>
<th>Assay Range</th>
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</thead>
<tbody>
<tr>
<td>serum</td>
<td>401846P</td>
<td>86317 x 14</td>
<td>Yes</td>
<td>1 mL</td>
<td>0.3 - 4.0 Avidity Index (AI)</td>
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</tbody>
</table>

Special Instructions
- Collect 1 mL, ambient, frozen, or refrigerated, no 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.

References


