



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Test Title	Syphilis Serology Screen (Qualitative AND Quantitative) Methodology: VDRL
Specimen Requirements	1. Specimen type(s): Serum (0.5 MI), CSF (0.5ml) 2. Rejection criteria: Plasma
Sampling Materials	1. Sample container: Blood tube or screw cap tube
Procedural Notes	1. Virology/Serology Test Request Form and Client Billing Form (if applicable) 2. CPT Code: 86592
Shipping Instructions	1. Temperature/preservative instructions: Store and ship at refrigeration temperature. If held longer than 5 days, store at -20C. 2. Package according to Biological Substance, Category B, shipping guidelines. 3. Ship to: Idaho Bureau of Laboratories ATTENTION: Serology Laboratory 2220 Old Penitentiary Rd Boise, ID 83712
Reporting and Turnaround Time (TAT)	1. TAT: 3 business days; 1 business day if a known exposure 2. This disease must be reported to your local health district or to the state Bureau of Communicable Disease Prevention according to the rules and regulations governing Idaho reportable diseases (IDAPA 16.02.10). 3. Reference Range: Nonreactive