

Reporting Title: Diphtheria/Tetanus Ab Panel, S

Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Forms:

If not ordering electronically, complete, print, and send [Infectious Disease Serology Test Request](#) (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	30 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TETG	Tetanus IgG Ab	Alphanumeric		26643-7
DEXTG	Tetanus IgG Value	Numeric	IU/mL	53935-3
DIPG	Diphtheria IgG Ab	Alphanumeric		45166-6
DEXDP	Diphtheria IgG Value	Numeric	IU/mL	48654-8

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
DIPGS	Diphtheria Toxoid IgG Ab, S	1	86317	Yes	Yes
TTIGS	Tetanus Toxoid IgG Ab, S	1	86317	Yes	Yes

CPT Code Information:

86317 x 2

Reference Values:

DIPHtheria TOXOID IgG ANTIBODY

Vaccinated: Positive (> or =0.01 IU/mL)

Unvaccinated: Negative (<0.01 IU/mL)
Reference values apply to all ages.

TETANUS TOXOID IgG ANTIBODY
Vaccinated: Positive (> or =0.01 IU/mL)
Unvaccinated: Negative (<0.01 IU/mL)
Reference values apply to all ages.