

**Reporting Title:** West Nile Virus Ab, IgG and IgM, S  
**Performing Location:** Rochester

**Specimen Requirements:**  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 0.5 mL  
**Collection Instructions:** Centrifuge and aliquot serum into a 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)	14 days	
	Frozen	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
WNGS	West Nile Virus Ab, IgG, S	Alphanumeric		29566-7
WNMS	West Nile Virus Ab, IgM, S	Alphanumeric		29567-5
WNVSI	West Nile Serum Interpretation	Alphanumeric		69048-7

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
WNGS	West Nile Virus Ab, IgG, S	1	86789	Yes	No
WNMS	West Nile Virus Ab, IgM, S	1	86788	Yes	No
WNVSI	West Nile Serum Interpretation			Yes	No

**CPT Code Information:**  
IgG-86789  
IgM-86788

**Reference Values:**

IgG: negative

IgM: negative

Reference values apply to all ages.