

**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.