

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

**Specimen Requirements:**  
Only orderable as part of a profile. For more information see WNS / West Nile Virus Antibody, IgG and IgM, Serum.

**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.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
WNMS	West Nile Virus Ab, IgM, S	Alphanumeric		29567-5

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

**Supplemental Report:**  
No

**CPT Code Information:**  
86788

**Reference Values:**  
Only orderable as part of a profile. For more information see WNS / West Nile Virus Antibody, IgG and IgM, Serum.  
  
Negative  
Reference values apply to all ages