

Reporting Title: West Nile Virus Ab, IgG, 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® |
|-----------|----------------------------|--------------|------|---------|
| WNGS | West Nile Virus Ab, IgG, S | Alphanumeric | | 29566-7 |

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

Supplemental Report:
No

CPT Code Information:
86789

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