

**Reporting Title:** Parvovirus B19 Ab, IgM, S

**Performing Location:** Rochester

**Specimen Requirements:**

Only orderable as part of a profile. For more information see PARVS / Parvovirus B19 Antibodies, IgG and IgM, Serum.

**Collection Container/Tube:**

**Preferred:** Serum gel

**Acceptable:** Red top

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 0.5 mL

**Collection Information:** 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®
PARVM	Parvovirus B19 Ab, IgM, S	Alphanumeric		40658-7

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

**Supplemental Report:**

No

**CPT Code Information:**

86747

**Reference Values:**

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Negative