

Reporting Title: Rubeola (Measles) Ab, IgG,IgM, CSF
Performing Location: Rochester

Specimen Requirements:
Container/Tube: Sterile vial
Specimen Volume: 0.25 mL

Forms:
If not ordering electronically, complete, print, and send [Infectious Disease Serology Test Request](#) (T916) with the specimen.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
5741	Rubeola (Measles) Ab, IgG	Alphanumeric		22501-1
5742	Rubeola (Measles) Ab, IgM	Alphanumeric		In Process

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

Supplemental Report:
No

CPT Code Information:
86765 x 2

Reference Values:
IgG: <1:5
IgM: <1:10
Reference values apply to all ages.