

**Reporting Title:** Lyme IgM/IgG, WCS, EIA, S  
**Performing Location:** Rochester

**Ordering Guidance:**  
This test should only be ordered on specimens that have tested positive or equivocal by a first tier Lyme disease antibody test.

**Specimen Requirements:**  
**Supplies:** Sarstedt Aliquot Tube 5 mL (T914)  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 0.6 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)	10 days	
	Frozen	30 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
LYMEM	Lyme Ab, IgM, S	Alphanumeric		40612-4
LYMEG	Lyme Ab, IgG, S	Alphanumeric		16480-6
LYMEI	Lyme Ab Interpretation	Alphanumeric		46248-1

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

**Supplemental Report:**  
No

**CPT Code Information:**  
86617 x 2

**Reference Values:**  
Negative  
Reference values apply to all ages.