

Reporting Title: Trichinella Ab, IgG, S
Performing Location: Rochester

Specimen Requirements:
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 plastic vial.

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

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	30 days	
	Refrigerated	5 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TRCNG	Trichinella Ab, IgG, S	Alphanumeric		19253-4

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

Supplemental Report:
No

CPT Code Information:
86784

Reference Values:
Negative
Reference values apply to all ages.