

Reporting Title: Toxocara 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.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TOXCG	Toxocara Ab, IgG, S	Alphanumeric		40674-4

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

Supplemental Report:

No

CPT Code Information:

86682

Reference Values:

Negative

Reference values apply to all ages.