

Reporting Title: Mumps Ab, IgM and IgG, S

Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into 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) | 14 days |                   |
|               | Frozen                   | 14 days |                   |

Result Codes:

| Result ID | Reporting Name           | Type         | Unit | LOINC®  |
|-----------|--------------------------|--------------|------|---------|
| MUMP1     | Mumps Ab, IgM, S         | Alphanumeric |      | 6478-2  |
| DEXM      | Index Value              | Numeric      |      | 25419-3 |
| DEXG5     | Mumps IgG Antibody Index | Numeric      |      | 25418-5 |
| MUMG      | Mumps Ab, IgG, S         | Alphanumeric |      | 6476-6  |

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

Supplemental Report:

No

Components:

| Test Id | Reporting Name   | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|------------------|-----------|----------|------------------|----------------------|
| MMPM    | Mumps Ab, IgM, S | 1         | 86735    | Yes              | Yes                  |
| MPPG    | Mumps Ab, IgG, S | 1         | 86735    | Yes              | Yes                  |

CPT Code Information:

86735-Mumps, IgG

86735-Mumps, IgM

Reference Values:

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IgM:  
Negative: Index value 0.00-0.79  
Reference value applies to all ages.

IgG:  
Vaccinated: Positive ( $>$  or  $=1.1$  AI)  
Unvaccinated: Negative ( $<$  or  $=0.8$  AI)  
Reference values apply to all ages.