

Reporting Title: Measles (Rubeola) 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 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)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
80979	Measles (Rubeola) Ab, IgM, S	Alphanumeric		35276-5
ROG	Measles (Rubeola) Ab, IgG, S	Alphanumeric		35275-7
DEXG3	Measles IgG Antibody Index	Numeric		5244-9

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
ROM	Measles (Rubeola) Ab, IgM, S	1	86765	Yes	Yes
ROPG	Measles (Rubeola) Ab, IgG, S	1	86765	Yes	Yes

CPT Code Information:
86765-Rubeola IgM
86765-Rubeola IgG

Reference Values:

IMMUNOGLOBULIN M

Negative

Reference values apply to all ages.

IMMUNOGLOBULIN G

Vaccinated: positive (≥ 1.1 AI)

Unvaccinated: negative (≤ 0.8 AI)

Reference values apply to all ages.