

Reporting Title: Mumps Ab, IgM, 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

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

Supplemental Report:
No

CPT Code Information:
86735

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