

Reporting Title: Mumps Virus Ab, IgG and IgM, CSF
Performing Location: Rochester

Specimen Requirements:

Container/Tube: Sterile vial

Specimen Volume: 0.5 mL

Forms:

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

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
1414	Mumps Virus Ab, IgG	Alphanumeric		21401-5
1415	Mumps Virus Ab, IgM	Alphanumeric		21402-3

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

Supplemental Report:

No

CPT Code Information:

86735 x 2

Reference Values:

IgG: <1:5

IgM: <1:10

Reference values apply to all ages.