

Reporting Title: Immunoglobulin M (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 a plastic vial.

Forms:

If not ordering electronically, complete, print, and send a [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
IGM	Immunoglobulin M (IgM), S	Numeric	mg/dL	2472-9

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

Supplemental Report:

No

CPT Code Information:

82784

Reference Values:

0-<5 months: 26-122 mg/dL

5-<9 months: 32-132 mg/dL

9-<15 months: 40-143 mg/dL

15-<24 months: 46-152 mg/dL

2-<4 years: 37-184 mg/dL

4-<7 years: 37-224 mg/dL

7-<10 years: 38-251 mg/dL

10-<13 years: 41-255 mg/dL

13-<16 years: 45-244 mg/dL

16-<18 years: 49-201 mg/dL

> or =18 years: 37-286 mg/dL