

Reporting Title: EBV Ab Profile, 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 1 of the following forms with the specimen:
[-General Request](#) (T239)
[-Infectious Disease Serology Test Request](#) (T916)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
EBVG	EBV VCA IgG Ab, S	Alphanumeric		30339-6
EBVM	EBV VCA IgM Ab, S	Alphanumeric		30340-4
EBNA	EBNA Ab, S	Alphanumeric		22296-8
INT73	Interpretation	Alphanumeric		69048-7

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
EBVM	EBV VCA IgM Ab, S	1	86665	Yes	No
EBVG	EBV VCA IgG Ab, S	1	86665	Yes	No
EBVNA	EBNA Ab, S	1	86664	Yes	No

CPT Code Information:
86664-EBNA

86665 x 2-VCA, IgG and IgM

Reference Values:

Epstein-Barr Virus (EBV) VIRAL CAPSID ANTIGEN (VCA) IgM ANTIBODY:
Negative

Epstein-Barr Virus (EBV) VIRAL CAPSID ANTIGEN (VCA) IgG ANTIBODY:
Negative

EPSTEIN-BARR NUCLEAR ANTIGEN (EBNA) ANTIBODIES:
Negative