

Reporting Title: Mumps Ab, IgG, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Specimen Minimum Volume:

0.4 mL

Forms:

If not ordering electronically, complete, print, and send 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® |
|-----------|--------------------------|--------------|------|---------|
| MUMG | Mumps Ab, IgG, S | Alphanumeric | | 6476-6 |
| DEXG5 | Mumps IgG Antibody Index | Numeric | | 25418-5 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86735

Reference Values:

Vaccinated: Positive ($>$ or $=1.1$ AI)

Unvaccinated: Negative ($<$ or $=0.8$ AI)

Reference values apply to all ages.