

Reporting Title: Diphtheria Toxoid IgG Ab, 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) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	30 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
DIPG	Diphtheria IgG Ab	Alphanumeric		45166-6
DEXDP	Diphtheria IgG Value	Numeric	IU/mL	48654-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86317

Reference Values:

Vaccinated: Positive ($>$ or ≥ 0.01 IU/mL)

Unvaccinated: Negative (< 0.01 IU/mL)

Reference values apply to all ages.