

Reporting Title: Diphtheria/Tetanus Ab Panel, 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 plastic vial.

Specimen Minimum Volume:

0.8 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 Also used by tests: DIPGS	Alphanumeric		45166-6
DEXDP	Diphtheria IgG Value Also used by tests: DIPGS	Numeric	IU/mL	48654-8
TETG	Tetanus IgG Ab Also used by tests: TTIGS	Alphanumeric		26643-7
DEXTG	Tetanus IgG Value Also used by tests: TTIGS	Numeric	IU/mL	53935-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
DIPGS	Diphtheria Toxoid IgG Ab, S			Yes	Yes
TTIGS	Tetanus Toxoid IgG Ab, S			Yes	Yes

CPT Code Information:

86317 x 2

Reference Values:

DIPHtheria TOXOID IgG ANTIBODY
Vaccinated: Positive (≥ 0.01 IU/mL)
Unvaccinated: Negative (< 0.01 IU/mL)
Reference values apply to all ages.

TETANUS TOXOID IgG ANTIBODY
Vaccinated: Positive (≥ 0.01 IU/mL)
Unvaccinated: Negative (< 0.01 IU/mL)
Reference values apply to all ages.