

Reporting Title: West Nile Virus Ab, IgG and IgM, 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 a 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)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
WNGS	West Nile Virus Ab, IgG, S	Alphanumeric		29566-7
WNMS	West Nile Virus Ab, IgM, S	Alphanumeric		29567-5
WNVSI	West Nile Serum 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	Orderable Separately
WNGS	West Nile Virus Ab, IgG, S			Yes	No
WNMS	West Nile Virus Ab, IgM, S			Yes	No
WNVSI	West Nile Serum Interpretation			Yes	No

CPT Code Information:

IgG-86789

IgM-86788

Reference Values:

IgG: negative

IgM: negative

Reference values apply to all ages.