

Reporting Title: West Nile Virus Ab, IgG and IgM,CSF**Performing Location:** Rochester**Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Sterile vial

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

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
CSF	Refrigerated (preferred)	7 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
WNGC	West Nile Virus Ab, IgG, CSF	Alphanumeric		77953-8
WNMC	West Nile Virus Ab, IgM, CSF	Alphanumeric		29569-1
WNVCI	West Nile CSF 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
WNGC	West Nile Virus Ab, IgG, CSF			Yes	No
WNMC	West Nile Virus Ab, IgM, CSF			Yes	No
WNVCI	West Nile CSF Interpretation			Yes	No

CPT Code Information:

86789

86788

Reference Values:

IgG: Negative

IgM: Negative

Reference values apply to all ages.