

**Reporting Title:** Brucella Ab Screen, IgM/IgG ELISA, 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 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®
BRCM	Brucella Ab Screen, IgM ELISA, S	Alphanumeric		24388-1
BRCG	Brucella Ab Screen, IgG ELISA, S	Alphanumeric		24387-3
BRCI	Brucella Ab Screen Interpretation	Alphanumeric		66485-4

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
BRCM	Brucella Ab Screen, IgM ELISA, S			Yes	No
BRCG	Brucella Ab Screen, IgG ELISA, S			Yes	No
BRCI	Brucella Ab Screen Interpretation			Yes	No

**CPT Code Information:**

86622 x 2-Brucella antibody, IgG and IgM  
86622-Brucella total antibody, agglutination (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
BRUTA	Brucella Ab, Agglutination, S			No	Yes

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
BRUTA	8112	Brucella Ab, Agglutination, S	Alphanumeric		In Process

**Reference Values:**

IgG SCREEN  
Negative

IgM SCREEN  
Negative

Reference values apply to all ages.