

Reporting Title: Lyme IgM/IgG, WCS, EIA, S**Performing Location:** Rochester**Ordering Guidance:**

This test should only be ordered on specimens that have tested positive or equivocal by a first tier Lyme disease antibody test.

Specimen Requirements:

Supplies: Sarstedt Aliquot Tube 5 mL (T914)

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.6 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.5 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) | 10 days | |
| | Frozen | 30 days | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------|--------------|------|---------|
| LYMEM | Lyme Ab, IgM, S | Alphanumeric | | 40612-4 |
| LYMEG | Lyme Ab, IgG, S | Alphanumeric | | 16480-6 |
| LYMEI | Lyme Ab Interpretation | Alphanumeric | | 46248-1 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86617 x 2

Reference Values:

Negative

Reference values apply to all ages.