MAYO CLINIC LABORATORIES

Test Definition: HIBSG

Haemophilus influenzae Type B Antibody, IgG, Serum

Reporting Title: Haemophilus influenzae B Ab, IgG, S
Performing Location: Rochester

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: 0.5 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)	7 days	
	Frozen	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
HIBSG	Haemophilus influenzae B Ab, IgG, S	Alphanumeric	mg/L	11257-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86684

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Haemophilus influenzae Type B Antibody, IgG, Serum

Reference Values:

> or =0.15 mg/L
Reference values apply to all ages.