

Reporting Title: Powassan Virus, IgM, ELISA, S**Performing Location:** Rochester**Ordering Guidance:**

For patients with less than 7 days of symptoms, the recommended testing is molecular analysis for detection of Powassan virus (POWV) RNA. Contact either a local Public Health Laboratory or the Centers for Disease Control and Prevention.

Specimen Requirements:

Supplies: Sarstedt 5 mL Aliquot Tube (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)	14 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
POWV	Powassan Virus, IgM, ELISA, S	Alphanumeric		29855-4

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86790

Reference Values:

Negative

Reference values apply to all ages.