

**Reporting Title:** Trichinella Ab, IgG, S**Performing Location:** Rochester**Specimen Requirements:**

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 plastic vial.

**Specimen Minimum Volume:**

0.4 mL

**Forms:**

If not ordering electronically, complete, print, and send an Infectious Disease Serology Test Request (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	30 days	
	Refrigerated	5 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
TRCNG	Trichinella Ab, IgG, S	Alphanumeric		19253-4

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86784

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**Reference Values:**

Negative

Reference values apply to all ages.