

**Reporting Title:** Mumps Ab, IgM and IgG, 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 plastic vial.

**Specimen Minimum Volume:**

0.9 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®
MUMP1	Mumps Ab, IgM, S <b>Also used by tests: MMPM</b>	Alphanumeric		6478-2
DEXM	Index Value <b>Also used by tests: MMPM</b>	Numeric		25419-3
MUMG	Mumps Ab, IgG, S <b>Also used by tests: MPPG</b>	Alphanumeric		6476-6
DEXG5	Mumps IgG Antibody Index <b>Also used by tests: MPPG</b>	Numeric		25418-5

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
MMPM	Mumps Ab, IgM, S			Yes	Yes
MPPG	Mumps Ab, IgG, S			Yes	Yes

**CPT Code Information:**

86735-Mumps, IgG

86735-Mumps, IgM

**Reference Values:**

IgM:

Negative: Index value 0.00-0.79

Reference value applies to all ages.

IgG:

Vaccinated: Positive ( $>$  or  $=1.1$  AI)Unvaccinated: Negative ( $<$  or  $=0.8$  AI)

Reference values apply to all ages.