

Reporting Title: Measles (Rubeola) 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 a plastic vial.

Specimen Minimum Volume:

0.6 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®
80979	Measles (Rubeola) Ab, IgM, S Also used by tests: ROM	Alphanumeric		35276-5
ROG	Measles (Rubeola) Ab, IgG, S Also used by tests: ROPG	Alphanumeric		35275-7
DEXG3	Measles IgG Antibody Index Also used by tests: ROPG	Numeric		5244-9

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
ROM	Measles (Rubeola) Ab, IgM, S			Yes	Yes
ROPG	Measles (Rubeola) Ab, IgG, S			Yes	Yes

CPT Code Information:

86765-Rubeola IgM
86765-Rubeola IgG

Reference Values:

IMMUNOGLOBULIN M

Negative

Reference values apply to all ages.

IMMUNOGLOBULIN G

Vaccinated: positive ($>$ or ≥ 1.1 AI)

Unvaccinated: negative ($<$ or ≤ 0.8 AI)

Reference values apply to all ages.