

Reporting Title: Cytomegalovirus Ab, IgM and IgG, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Aliquot tube

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.8 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®
CMVM	Cytomegalovirus Ab, IgM, S Also used by tests: CMVM	Alphanumeric		24119-0
CMVG	Cytomegalovirus Ab, IgG, S Also used by tests: CMVG	Alphanumeric		13949-3

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
CMVM	Cytomegalovirus Ab, IgM, S			Yes	Yes
CMVG	Cytomegalovirus Ab, IgG, S			Yes	Yes

CPT Code Information:

86644-CMV, IgG

86645-CMV, IgM

Reference Values:

CYTOMEGALOVIRUS IgM:

Negative

CYTOMEGALOVIRUS IgG:

Negative

Reference values apply to all ages.