

Reporting Title: Chikungunya IgM and IgG, Ab, S**Performing Location:** Rochester**Ordering Guidance:**

Testing a patient in a convalescent period is recommended because specimens collected too early following infection may be negative for antibodies to Chikungunya virus.

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 a plastic vial.

Specimen Minimum Volume:

0.4 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)	30 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CHIKM	Chikungunya IgM, Ab, S	Alphanumeric		88629-1
CHIKG	Chikungunya IgG, Ab, S	Alphanumeric		88630-9
CHIKI	Chikungunya Interpretation	Alphanumeric		69048-7

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
CHIKM	Chikungunya IgM, Ab, S			Yes	No
CHIKG	Chikungunya IgG, Ab, S			Yes	No
CHIKI	Chikungunya Interpretation			Yes	No

CPT Code Information:

86790 x2

Reference Values:

IgM: Negative

IgG: Negative

Reference values apply to all ages.