

**Reporting Title:** Leptospira, IgM, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.3 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Additional Information: If acute and convalescent specimens are being obtained to determine seroconversion, they should be collected 2 or more weeks apart.

**Specimen Minimum Volume:**

0.1 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®
65183	Leptospira, IgM, S	Alphanumeric		23201-7

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86720

**Reference Values:**

Negative