

**Reporting Title:** Mumps Ab, IgM, 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:**

0.5 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 | Alphanumeric |      | 6478-2  |
| DEXM      | Index Value      | Numeric      |      | 25419-3 |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86735

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**Reference Values:**

Negative: Index value 0.00-0.79

Reference value applies to all ages.