

Reporting Title: Mumps Virus Ab, IgG and IgM, CSF**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube: Sterile vial

Specimen Volume: 0.5 mL

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
CSF	Refrigerated (preferred)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
1414	Mumps Virus Ab, IgG	Alphanumeric		21401-5
1415	Mumps Virus Ab, IgM	Alphanumeric		21402-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86735 x 2

Reference Values:

IgG: <1:5

IgM: <1:10

Reference values apply to all ages.