

**Reporting Title:** Immunoglobulin M (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 a plastic vial.

**Specimen Minimum Volume:**

0.5 mL

**Forms:**

If not ordering electronically, complete, print, and send a Gastroenterology and Hepatology Test Request (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
IGM	Immunoglobulin M (IgM), S Also used by tests: IMMG	Numeric	mg/dL	2472-9

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82784

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**Reference Values:**

0-<5 months: 26-122 mg/dL  
5-<9 months: 32-132 mg/dL  
9-<15 months: 40-143 mg/dL  
15-<24 months: 46-152 mg/dL  
2-<4 years: 37-184 mg/dL  
4-<7 years: 37-224 mg/dL  
7-<10 years: 38-251 mg/dL  
10-<13 years: 41-255 mg/dL  
13-<16 years: 45-244 mg/dL  
16-<18 years: 49-201 mg/dL  
> or =18 years: 37-286 mg/dL