

Reporting Title: Immunoglobulin G (IgG), 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®
IGG	Immunoglobulin G (IgG), S Also used by tests: IMMG	Numeric	mg/dL	2465-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82784

Reference Values:

0-<5 months: 100-334 mg/dL
5-<9 months: 164-588 mg/dL
9-<15 months: 246-904 mg/dL
15-<24 months: 313-1,170 mg/dL
2-<4 years: 295-1,156 mg/dL
4-<7 years: 386-1,470 mg/dL
7-<10 years: 462-1,682 mg/dL
10-<13 years: 503-1,719 mg/dL
13-<16 years: 509-1,580 mg/dL
16-<18 years: 487-1,327 mg/dL
> or =18 years: 767-1,590 mg/dL