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**Reporting Title:** Dengue Virus Ab, IgG and IgM, S  
**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

**Specimen Minimum Volume:**

0.4 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®  |
|-----------|--------------------------|--------------|------|---------|
| DENG      | Dengue Virus Ab, IgG, S  | Alphanumeric |      | 29661-6 |
| DENM      | Dengue Virus Ab, IgM, S  | Alphanumeric |      | 29663-2 |
| DNABI     | Dengue Ab Interpretation | Alphanumeric |      | 69048-7 |

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

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**Components:**

| Test ID | Reporting Name           | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|--------------------------|-----------|----------|------------------|----------------------|
| DENG    | Dengue Virus Ab, IgG, S  |           |          | Yes              | No                   |
| DENM    | Dengue Virus Ab, IgM, S  |           |          | Yes              | No                   |
| DNABI   | Dengue Ab Interpretation |           |          | Yes              | No                   |

**CPT Code Information:**

IgM-86790

IgG-86790

**Reference Values:**

IgG: negative

IgM: negative

Reference values apply to all ages.