

**Reporting Title:** IgG4, Ig Subclasses**Performing Location:** Rochester**Ordering Guidance:**

This test only quantitates the IgG4 protein. If quantitation of all IgG subclass types is desired, order IGGS / IgG Subclasses, Serum.

**Specimen Requirements:**

Patient Preparation: Fasting preferred but not required

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

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

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
IGGS4	IgG4, Ig Subclasses	Numeric	mg/dL	2469-5

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82787

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**Reference Values:**

0-<5 months: < or =19.8 mg/dL  
5-<9 months: < or =20.8 mg/dL  
9-<15 months: < or =22.0 mg/dL  
15-<24 months: < or =23.0 mg/dL  
2-<4 years: < or =49.1 mg/dL  
4-<7 years: < or =81.9 mg/dL  
7-<10 years: 1.0-108.7 mg/dL  
10-<13 years: 1.0-121.9 mg/dL  
13-<16 years: < or =121.7 mg/dL  
16-<18 years: < or =111.0 mg/dL  
> or =18 years: 2.4-121.0 mg/dL