

Reporting Title: EBV Ab Profile, 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:

0.6 mL

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-General Request (T239)

-Infectious Disease Serology Test Request (T916)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
EBVM	EBV VCA IgM Ab, S	Alphanumeric		30340-4
EBVG	EBV VCA IgG Ab, S	Alphanumeric		30339-6
EBNA	EBNA Ab, S	Alphanumeric		22296-8
INT73	Interpretation	Alphanumeric		69048-7

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
EBVM	EBV VCA IgM Ab, S			Yes	No
EBVG	EBV VCA IgG Ab, S			Yes	No
EBVNA	EBNA Ab, S			Yes	No

CPT Code Information:

86664-EBNA
86665 x 2-VCA, IgG and IgM

Reference Values:

Epstein-Barr Virus (EBV) VIRAL CAPSID ANTIGEN (VCA) IgM ANTIBODY:
Negative

Epstein-Barr Virus (EBV) VIRAL CAPSID ANTIGEN (VCA) IgG ANTIBODY:
Negative

EPSTEIN-BARR NUCLEAR ANTIGEN (EBNA) ANTIBODIES:
Negative