

Reporting Title: Lyme Disease Serology, S**Performing Location:** Rochester**Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube 5 mL (T914)

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Information: Centrifuge and aliquot serum into plastic vial.

Specimen Minimum Volume:

0.4 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)	10 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
LYME	Lyme Disease Serology, S	Alphanumeric		20449-5

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86618

86617 x 2-Lyme disease confirmation (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
LYWB	Lyme Disease Ab, Immunoblot, S			No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
LYWB	5744	IgG Immunoblot	Alphanumeric		6320-6
LYWB	2992	IgG detected against:	Alphanumeric	kDa	13502-0
LYWB	23931	IgM Immunoblot	Alphanumeric		6321-4
LYWB	23932	IgM detected against:	Alphanumeric	kDa	13503-8
LYWB	6241	Interpretation	Alphanumeric		12781-1

Reference Values:

Negative

Reference values apply to all ages.