
Reporting Title: Haemophilus influenzae B Ab, IgG, S**Performing Location** Rochester**Specimen Requirements:****Supplies:** Aliquot Tube, 5 mL (T465)**Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Specimen Volume:** 0.5 mL**Forms:**[If not ordering electronically, complete, print, and send a Microbiology Test Request \(T244\)](#) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
HIBSG	Haemophilus influenzae B Ab, IgG, S	Alphanumeric	mg/L	11257-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86684

Reference Values:

> or =0.15 mg/L

Reference values apply to all ages.