
Reporting Title: Cysticercosis Ab, IgG, S**Performing Location** Rochester**Specimen Requirements:****Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Specimen Volume:** 0.5 mL

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	30 days	
	Frozen	30 days	

Supplemental Report:

No

CPT Code Information:

86682

Reference Values:

Negative

Reference values apply to all ages.