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**Reporting Title:** Spotted Fever Group Ab, IgG, IgM, S  
**Performing Location** Rochester

**Specimen Requirements:****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)	14 days	
	Frozen	14 days	

**Supplemental Report:**

No

**CPT Code Information:**

86757 x 2

**Reference Values:**

IgG: &lt;1:64

IgM: &lt;1:64

Reference values apply to all ages.