

Reporting Title: Tetanus Toxoid IgG Ab, S
Performing Location: Mayo Clinic Laboratories - Rochester Superior Drive

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 Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:
If not ordering electronically, complete, print, and send [Infectious Disease Serology Test Request](#) (T916) with the specimen.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TETG	Tetanus IgG Ab	Alphanumeric		26643-7
DEXTG	Tetanus IgG Value	Numeric	IU/mL	53935-3

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:
86317

Reference Values:
Vaccinated: Positive (> or =0.01 IU/mL)
Unvaccinated: Negative (<0.01 IU/mL)