

Reporting Title: Cytomegalovirus Ab, IgM and IgG, 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: 1 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)	14 days	
	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CMVG	Cytomegalovirus Ab, IgG, S	Alphanumeric		13949-3
CMVM	Cytomegalovirus Ab, IgM, S	Alphanumeric		24119-0

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

Supplemental Report:
No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CMVM	Cytomegalovirus Ab, IgM, S	1	86645	Yes	Yes
CMVG	Cytomegalovirus Ab, IgG, S	1	86644	Yes	Yes

CPT Code Information:
86644-CMV, IgG
86645-CMV, IgM

Reference Values:

CYTOMEGALOVIRUS IgM:
Negative

CYTOMEGALOVIRUS IgG:
Negative

Reference values apply to all ages.