

**Reporting Title:** Immunoglobulin M (IgM), 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:** 1 mL**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.**Forms:**

If not ordering electronically, complete, print, and send a [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Ambient	14 days	
	Frozen	28 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
IGM	Immunoglobulin M (IgM), S	Numeric	mg/dL	2472-9

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

**Supplemental Report:**

No

**CPT Code Information:**

82784

**Reference Values:**

0-&lt;5 months: 26-122 mg/dL

5-&lt;9 months: 32-132 mg/dL

9-&lt;15 months: 40-143 mg/dL

15-&lt;24 months: 46-152 mg/dL

2-&lt;4 years: 37-184 mg/dL

4-&lt;7 years: 37-224 mg/dL

7-&lt;10 years: 38-251 mg/dL

10-&lt;13 years: 41-255 mg/dL

13-&lt;16 years: 45-244 mg/dL

16-<18 years: 49-201 mg/dL

> or =18 years: 37-286 mg/dL