

**Overview****Useful For**

Rapid confirmation of a diagnosis of infectious mononucleosis

**Method Name**

Agglutination

**NY State Available**

Yes

**Specimen****Specimen Type**

Serum

**Specimen Required****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 Minimum Volume**

0.1 mL

**Reject Due To**

Gross hemolysis	Reject
Gross lipemia	Reject

**Specimen Stability Information**

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

**Clinical and Interpretive****Clinical Information**

Infectious mononucleosis (IM) is a viral illness that involves reticuloendothelial tissue and is generally limited to children and young adults. IM is most commonly caused by Epstein-Barr virus (EBV). The disease is characterized by fever, sore throat, lymphadenopathy, headache, and fatigue and, on a symptomatic basis, may be confused with other diseases.

Detectable levels of unique heterophile antibodies are produced in patients with IM.

### Reference Values

Negative

Reference values apply to all ages.

### Interpretation

Detectable levels of the infectious mononucleosis (IM) heterophile antibody can usually be expected to occur between the sixth and tenth day following the onset of symptoms. The level usually increases through the second or third week of illness and, thereafter, can be expected to persist, gradually declining over a 12-month period.

### Cautions

Approximately 10% of patients with infectious mononucleosis (IM) will have no heterophile antibody and may require Epstein-Barr virus (EBV) antibody tests to confirm the diagnosis.

False-negative results have been reported. Some of these may represent cases of IM that remain persistently seronegative for the IM heterophile antibody. However, some false-negative results have been shown to be due to a delayed IM heterophile antibody response.

IM heterophile antibody titers have been shown to persist in some cases for months and years after clinical symptoms have subsided. Conversely, IM heterophile antibodies have been detected prior to the onset of clinical symptoms. Thus, caution should be exercised in the interpretation of test results.

The IM heterophile antibody has been associated with several diseases other than IM. These include leukemia, Burkitt' lymphoma, pancreatic carcinoma, viral hepatitis, cytomegalovirus infections, and others. In these cases, it is difficult to disprove the possibility of concurrent disease states.

Some segments of the population do not produce detectable heterophile antibodies, eg, approximately 50% of children under 4 years of age and 10% of adolescents.

### Clinical Reference

1. Davidsohn I, Walker PH: The nature of heterophilic antibodies in infectious mononucleosis. *Am J Clin Pathol.* 1935;5:445-465
2. Peter J, Ray CG: Infectious mononucleosis. *Pediatr Rev.* 1998;19(8):276-279
3. Johannsen EC, Kaye KM: Epstein-Barr virus (infectious mononucleosis, Epstein-Barr virus-associated malignant diseases, and other diseases). In: Bennett JE, Dolin R, Blaser MJ, eds. *Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases.* 9th ed. Elsevier; 2020:1872-1890

### Performance

#### Method Description

The Sure-View Mono reagent is a suspension of polystyrene latex particles coated with a highly purified Paul-Bunnell antigen from bovine red cell membranes. The degree of purity of the antigen is such that Sure-View Mono only reacts

with infectious mononucleosis heterophile antibodies. Latex particles allow visual observation of the antigen-antibody reaction. If infectious mononucleosis heterophile antibodies are present in serum, the latex suspension changes its uniform appearance and a clear agglutination becomes evident. (Package insert: BLOKIT Sure-Vue Mono. BLOKIT, SA;04/2013)

**PDF Report**

No

**Day(s) and Time(s) Test Performed**

Monday through Friday; 12 p.m. and 8 p.m.

Saturday, Sunday; 12 p.m.

**Analytic Time**

Same day/1 day

**Maximum Laboratory Time**

2 days

**Specimen Retention Time**

14 days

**Performing Laboratory Location**

Rochester

**Fees and Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

**Test Classification**

This test has been cleared, approved or is exempt by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

**CPT Code Information**

86308

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
MONOS	Infectious Mono Test, S	5213-4

Result ID	Test Result Name	Result LOINC Value
MONOS	Infectious Mono Test, S	5213-4