

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)