

Reporting Title: West Nile Virus Ab, IgG and IgM,CSF
Performing Location: Rochester

Specimen Requirements:
Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube: Sterile vial
Submission Container/Tube: Plastic vial
Specimen Volume: 1 mL
Collection Instructions: Submit specimen from collection vial 2, 3, or 4

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

Specimen Type	Temperature	Time	Special Container
CSF	Refrigerated (preferred)	7 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
WNGC	West Nile Virus Ab, IgG, CSF	Alphanumeric		77953-8
WNMC	West Nile Virus Ab, IgM, CSF	Alphanumeric		29569-1
WNVCI	West Nile CSF Interpretation	Alphanumeric		69048-7

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
WNGC	West Nile Virus Ab, IgG, CSF	1	86789	Yes	No
WNMC	West Nile Virus Ab, IgM, CSF	1	86788	Yes	No
WNVCI	West Nile CSF Interpretation			Yes	No

CPT Code Information:
86789
86788

Reference Values:

IgG: Negative
IgM: Negative

Reference values apply to all ages.