

## St. Louis Encephalitis Antibody, IgG and IgM, Serum

Test ID: STLP

### Explanation:

This test will be made obsolete as a standalone orderable on effective date. Clinical presentation of arboviruses is similar and unable to be differentiated in the clinical setting. Testing individual arbovirus components may lead to delay in turnaround time and timely diagnosis. Best practice testing recommendation is use of Arbovirus panel.

### Recommended Alternative Test:

## Arbovirus Antibody Panel, IgG and IgM, Serum

Test ID: ARBOP

### Useful for:

Aiding the diagnosis of arboviral encephalitis (California [LaCrosse], St. Louis, Eastern equine, and Western equine encephalitis)

### Methods:

Immunofluorescence Assay (IFA)

### Profile Information:

| Test ID | Reporting Name                        | Available Separately | Always Performed |
|---------|---------------------------------------|----------------------|------------------|
| CAVP    | Calif Virus (LaCrosse) IgG and IgM, S | No                   | Yes              |
| EEEP    | East Equine Enceph Ab, IgG and IgM, S | No                   | Yes              |
| STLP    | St. Louis Enceph Ab, IgG and IgM, S   | No                   | Yes              |
| WEEP    | West Equine Enceph Ab, IgG and IgM, S | No                   | Yes              |

### Reference Values:

CALIFORNIA VIRUS (La CROSSE) ENCEPHALITIS ANTIBODY

IgG: <1:10

IgM: <1:10

Reference values apply to all ages.

EASTERN EQUINE ENCEPHALITIS ANTIBODY

IgG: <1:10

IgM: <1:10

Reference values apply to all ages.

## ST. LOUIS ENCEPHALITIS ANTIBODY

IgG: <1:10

IgM: <1:10

Reference values apply to all ages.

## WESTERN EQUINE ENCEPHALITIS

IgG: <1:10

IgM: <1:10

Reference values apply to all ages.

### **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 plastic vial.

**Minimum Volume:** 0.15 mL

### **Specimen Stability Information:**

| Specimen Type | Temperature              | Time    |
|---------------|--------------------------|---------|
| Serum         | Refrigerated (preferred) | 14 days |
|               | Frozen                   | 14 days |

### **CPT Code:**

86651 x 2-California virus (La Crosse) encephalitis antibody, IgG and IgM

86652 x 2-Eastern equine encephalitis antibody, IgG and IgM

86653 x 2-St. Louis encephalitis antibody, IgG and IgM

86654 x 2-Western equine encephalitis antibody, IgG and IgM

**Day(s) Performed:** Monday through Friday

**Report Available:** Same day/1 to 4 days

### **Questions**

Contact Dunisha Messmer, Laboratory Resource Coordinator at 800-533-1710.