

Immunoglobulin G

Order Name: **IGG**
Revision Date: 04/08/2014

TEST NAME		METHODOLOGY		LOINC CODE
Immunoglobulin G				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Alternate 1	1.0 mL (0.5 mL)	Serum	Serum Gel Tube	Refrigerated
Alternate 2	1.0 mL (0.5 mL)	Plasma	EDTA	Refrigerated
Alternate 3	1.0 mL (0.5 mL)	Plasma	Lithium Heparin	Refrigerated
Instructions	Fasting is recommended. Draw blood in a serum gel tube(s). Spin down and send 1 mL (minimum volume: 0.5 mL) of serum refrigerated. Note: Label specimen with patient name (first and last) or other unique identifier, patient hospital identification number or Social Security number, date and time of draw, collector initials, and test(s) being ordered.			
Reference Range	An interpretive report will be provided.			
Methodology	Turbidimetric			

GENERAL INFORMATION	
Testing Schedule	Monday through Sunday
Expected TAT	3 hours from time received in laboratory
Stat TAT	45 min. from time received in laboratory
CPT Code(s)	82784
Lab Section	NRLS-Core Chemistry