

IgG Subclasses

Order Name: **IGGS**
Revision Date: 12/09/2019

TEST NAME		METHODOLOGY		LOINC CODE
IgG Subclasses				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	1.0 mL (0.5 mL)	Serum	Serum Gel Tube	Refrigerated
Alternate 1	1.0 mL (0.5 mL)	Serum	Red Top	Refrigerated
Instructions	Patient Preparation: Fasting preferred but not required.			
	Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered.			
Reference Range	An interpretive report will be provided.			
Methodology	Nephelometry			

GENERAL INFORMATION	
Testing Schedule	Monday through Saturday; Continuously
Expected TAT	1-3 Days
Notes	Specimen Stability: Refrigerated(preferred) - 14 Days Ambient - 14 Days Frozen - 14 Days
CPT Code(s)	82784 82787 x 4
Lab Section	NRLS-Mayo Medical Laboratories