

Tetanus Toxoid IgG Antibody

Order Name: **TTIGS**  
Revision Date: 12/17/2019

TEST NAME		METHODOLOGY		LOINC CODE
Tetanus Toxoid IgG Antibody				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.5 mL (0.4 mL)	Serum	Serum Gel Tube	Refrigerated
Alternate 1	0.5 mL (0.4 mL)	Serum	Red Top	Refrigerated
Instructions	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	Vaccinated: Positive (> or =0.01 IU/mL) Unvaccinated: Negative (<0.01 IU/mL)			
Methodology	Enzyme Immunoassay (EIA)			

GENERAL INFORMATION	
Testing Schedule	Monday through Friday; 9 a.m.
Expected TAT	1-4 Days
Notes	Specimen Stability: Refrigerated (preferred) - 30 Days Frozen - 30 Days
CPT Code(s)	86317
Lab Section	NRLS-Mayo Medical Laboratories