

Rubella Antibody, IgG

Order Name: **RUBIGG**
Revision Date: 12/13/2016

TEST NAME		METHODOLOGY		LOINC CODE
Rubella Antibody, IgG				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	1 mL (1 mL)	Serum	Serum Gel Tube	Room Temperature
Instructions	Draw blood in a serum gel tube(s). Spin down within 2 hours 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 last 4 of Social Security number, date and time of draw, collector initials, and test(s) being ordered.			
Reference Range	An interpretive report will be provided.			
Methodology	Enzyme Immunoassay			

GENERAL INFORMATION	
Testing Schedule	Monday through Friday
CPT Code(s)	86762
Lab Section	NRLS-Core Chemistry