



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Test Title	Mumps Virus IgG or IgM Antibody Detection Methodology: Enzyme Immunoassay And Indirect Fluorescent Antibody
Sample Requirements	<ol style="list-style-type: none">1. Sample type(s): congenital or acute phase serum or paired sera2. Rejection criteria: Icteric, lipemic, hemolyzed or heat inactivated serum
Sampling Materials	<ol style="list-style-type: none">1. Sample container: Serum collected in a SST tube or transferred to transport vial2. Serum is the only acceptable specimen for use with this assay. No anticoagulants or preservatives should be added.
Procedural Notes	<ol style="list-style-type: none">1. Clinical Test Request Form and Client Billing Form (if applicable)2. CPT Code: 86735
Shipping Instructions	<ol style="list-style-type: none">1. Temperature/preservative instructions: refrigerated2. Package according to Biological Substance, Category B, shipping guidelines.3. Ship to: Idaho Bureau of Laboratories ATTENTION: Serology Laboratory 2220 Old Penitentiary Rd Boise, ID 83712
Reporting and Turnaround Time (TAT)	<ol style="list-style-type: none">1. TAT: 7 business days for IgG; 1 business day for IgM2. This disease must be reported to your local health district or to the state Bureau of Communicable Disease Prevention according to the rules and regulations governing Idaho reportable diseases (IDAPA 16.02.10).3. Reference range: N/A