

**Reporting Title:** Rubella Ab, IgG, S  
**Performing Location:** Rochester

**Specimen Requirements:**  
**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Instructions:** Plastic vial  
**Specimen Volume:** 0.5 mL  
**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.

**Forms:**  
If not ordering electronically, complete, print, and send [Infectious Disease Serology Test Request](#) (T916) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
RBG	Rubella Ab, IgG, S	Alphanumeric		40667-8
DEXG2	Rubella IgG Antibody Index	Numeric		5334-8

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**  
No

**CPT Code Information:**  
86762

**Reference Values:**  
Vaccinated: Positive (> or =1.0 AI)  
Unvaccinated: Negative (< or =0.7 AI)  
Reference values apply to all ages.