
Lab Dept: Serology

Test Name: RUBELLA IGM ANTIBODY

General Information

Lab Order Codes: RUM

Synonyms: Rubella Antibody; German Measles Titer; Rubella IgM Antibody

CPT Codes: 86762 – Antibody; rubella

Test Includes: Rubella IgM determination. The presence of IgM antibodies indicates congenital or recent infection.

Logistics

Test Indications: For the in vitro detection of IgM antibodies specific for rubella. IgM antibodies are associated with acute viral infections. IgM detection is useful in the following situations: evidence of infection can be obtained from only one acute phase specimen if the IgM results are positive; the IgM test can also be used to differentiate between primary infection and re-exposure. Rubella-specific IgM is found in virtually all infected patients by three weeks post-development of a rash. Rubella-specific IgM is also found in 80% of post-vaccination patients by three weeks. Congenitally infected infants will show an IgM response at 2 to 12 weeks postnatally.

Lab Testing Sections: Serology - Sendouts

Referred to: LabCorp (Test#: 096537)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 1 – 2 days

Special Instructions: Specify acute or convalescent specimen. Collect acute phase specimens as soon as possible after onset of illness and no later than 5 to 7 days. Collect convalescent-phase specimen 14 to 28 days or longer after onset. Rubella acute specimen should be drawn while rash is present.

Specimen

Specimen Type:	Blood
Container:	SST (Marble, gold or red)
Draw Volume:	3 mL (Minimum: 0.6 mL) blood
Processed Volume:	1 mL (Minimum: 0.2 mL) serum
Collection:	Routine venipuncture
Special Processing:	Lab Staff: Centrifuge specimen, remove serum aliquot into a screw-capped round bottom plastic vial. Store and ship at refrigerated temperatures. Complete LabCorp requisition and place packaged specimen in the Esoterix bin in the sendout refrigerator for pick up. Forward promptly.
Patient Preparation:	None
Sample Rejection:	Hemolysis, gross specimen contamination, lipemia, mislabeled or unlabeled specimens

Interpretive

Reference Range:	Negative:	<20.0 AU/mL
	Indeterminate:	20.0 – 24.9 AU/mL
	Positive:	>24.9 AU/mL
The presence of IgM class antibodies indicates congenital or recent infection.		

Critical Values: N/A

Limitations: The absence of IgM at birth does not rule out congenital rubella since the frequency of IgM detection in cord blood decreases as the time between conception and fetal injections increases. Acquired rubella infection in infants is rare but must be considered if the blood is positive for IgM but was not obtained during the immediate postnatal period. Rubella-specific IgM may persist for months after an acute infection and, possibly, after vaccination as well. False-positive rubella IgM responses have also been reported in pregnant women. These reactions are usually accompanied by false-positive reactions to other viruses (eg, CMV and measles).

Methodology: Chemiluminescence

References: LabCorp (August 2015)

Updates:

3/4/2004: Test moved from Lab Corp (Viomed) to Mayo Medical Laboratories.

7/1/2008: Test moved from Mayo to MDH. Mayo no longer performs the test due to interferences on positives and widespread immunization in the population making it obsolete.

1/1/2013: Test moved from MDH to LabCorp. Note change in reference range and methodology.

8/19/2015: Ref range update.

8/2/2016: Update container to SST.