Lab Dept: Serology

Test Name: RUBELLA (IGG) IMMUNE STATUS

General Information

Lab Order Codes:	RUBEG
Synonyms:	German Measles Immune Status, Rubella IgG Antibody
CPT Codes:	86762 – Antibody; rubella
Test Includes:	Rubella immune status. Results are reported as positive, negative or equivocal.

Logistics

Test Indications:	Determination of immunity to rubella.
Lab Testing Sections:	Chemistry (Performed on the St. Paul campus)
Phone Numbers:	MIN Lab: 612-813-6280 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	2 – 10 hours, test is performed daily
Special Instructions:	N/A

Specimen

Specimen Type:	Blood
Container:	SST (Gold, marble or red) tube
Draw Volume:	1.4 mL (Minimum: 0.6 mL) blood
Processed Volume:	0.4 mL (Minimum: 0.2 mL) serum Note: Submission of the minimum volume does not allow for repeat analysis and may result in a QNS (quantity not sufficient) test result.
Collection:	Routine blood collection
Special Processing:	Lab Staff: Centrifuge specimen, remove serum aliquot into a screw-capped round bottom plastic vial. Store and ship at refrigerated temperatures. Forward promptly.

Patient Preparation:	None
Sample Rejection:	Excessive hemolysis; warm specimens; chylous serum; gross specimen contamination; gross lipemia; mislabeled or unlabeled specimens

Interpretive

Reference Range:

Vaccinated: Positive (>11.0 Au/mL)

Unvaccinated: Negative (<9.0 Au/mL)
Equivocal (9.0 – 10.9 Au/mL)

By early adulthood, approximately 80-90% if the population of the United States show serologic evidence of having experienced rubella diseases. Rubella vaccine is recommended for all children, many adolescents, and some adults (particularly females) unless it is specifically contraindicated. These facts indicate that the expected number of negative rubella serologies will be very low.

A positive result indicates prior exposure to the virus and immunity against rubella.

Critical Values: N/A

Limitations:

This assay should be used only as a means of determining the immune status of an individual through the detection of anti-rubella antibodies.

The presence of anti-rubella IgG antibodies does not exclude the possibility of a recent or ongoing infection. Testing for IgM-class antibody to rubella antibody should be performed at a state health laboratory or at the Centers for Disease Control and Prevention (CDC) if the clinical presentation is suggestive of acute rubella infection.

Methodology: Chemiluminescence Immunoassay (CLIA)

References: DiaSorin IFU – Liaison Rubella IgG REF 310460

Updates:

3/4/2004: Test moved from Lab Corp (Viromed) to Mayo Medical Laboratories.
5/12/2004: Method change from Automated Microparticle Enzyme Immunoassay (MEIA) to ELFA. Reference range change from immune to positive.
4/19/2011: Ref range changed from Positive to Negative by MML.
6/11/2013: Method change, previously listed as Enzyme-Linked Fluorescence Assay (ELFA). New inclusion of a reported index value.
10/16/2013: Added AI values to reference ranges.
11/6/2017: Updated draw container
8/13/2019: Testing moved inhouse, performed at Children's, updated for method