

Test Menu

TOPIC	DESCRIPTION
Test Name	Rubella virus, IgM
Other Name (s)	German Measles, Three – Day Measles
Analyte(s)	rubella
Test Code	1720
Lab location	Jacksonville location
Department	Virology
Prior Authorization	Requires prior approval from Regional Epidemiology and notification to the testing lab. Contact local County Health Department to start the process for approval.
Required Forms	Test Requisition Form, DH1847
Specimen Sources	Single acute serum
Supplemental Information- Special Specimen Preparation	Collected 3 - 5 days post onset
Minimum Volume	Collect 3-5 mL of blood
Storage Conditions	Refrigerate specimens at 2-8°C or frozen at ≤-20°C.
Collection Media	Vacutainer (red or tiger top) or serum separator tube.
Specimen Labeling	-Specimen must be labeled with at least two unique patient identifiers, Ex: Name and DOB. -The collection date and time if submitting multiple specimens. -Information on the specimen must match the requisition.
Packaging and Shipping Instructions and Handling	Specimens must be shipped between (2-8°C) or frozen (≤-20°C) on dry ice. Separate multiple specimens into different bags (preferred).
Test Methodology	Serology (i.e., ELISA)
Turnaround Time	1 - 5 days
Result Indicator	Positive, Negative or Equivocal
Unsatisfactory Specimen	Hemolyzed or lipemic. Unlabeled or mislabeled specimens, insufficient quantity for testing, incorrect collection tube/transport media, grossly contaminated specimen, disparity between ID on sample and paperwork, improper collection, storage or transport of specimen, no test requested, test requested is not performed. If required, the absence of patient history. If required, the lack of patient history that is compatible with test requested. Test order cancelled by provider, broken, or leaked in transit, etc.
Interferences and Limitations	If a serum collected less than 5 days after onset is negative, a second sample is necessary to confirm/rule out rubella.
Additional Information & Notes	Test temporarily unavailable at State Public Health Lab but can be order through CDC. Please contact your Local County Health for more details.
Reference Range	Positive, Negative or Equivocal
Reference Lab	CDC if needed
Reflex testing	N/A