

## Test Menu

TOPIC	DESCRIPTION
Test Name	Rubella Screen
Other Name (s)	Rubella IgG (pregnancy screen)
Analyte(s)	Rubella IgG
Test Code	4000
Lab location	Jacksonville location
Department	Serology
Pre-Approval Required	None
Additional Required Forms	None
Specimen Sources	Serum preferred or plasma acceptable.
Special Specimen Preparation	None
Minimum Volume	2 ml serum (preferred). 5-6 ml whole blood
Storage Conditions	Store 2-8C if tested within 5 days, -20C if kept for longer periods.
Collection Media	Serum in tiger top SST preferred or plasma in lithium hep SST, di- and tri-potassium EDTA or sodium hep acceptable.
Specimen Labeling	Specimen must be labeled with at least two unique patient identifiers, Ex: Name and DOB. <b>Electronic lab order preferred, HMS, Etc.</b> <b>Information on the specimen must match the requisition.</b>
Packaging and Shipping Instructions and Handling	<b>Ship in cooler with frozen ice packs at 2-8C to be received at the lab within 5 days from collection.</b> Preferred ship within 2 days of collection.
Test Methodology	Enzyme-Linked Immunosorbent Assay (ELISA)
Turnaround Time	N/A
Result Indicator	Immune: Indicates presence of detectable IgG antibody to rubella virus by the ELISA test. Indicative of current or previous infection. Non-immune: No detectable antibody to rubella virus by the ELISA test. Such individuals are presumed to be uninfected with rubella and to be susceptible to primary infection. Indeterminate:
Unsatisfactory Specimen	Grossly hemolyzed, hyperlipemic, highly icteric and contaminated samples; <b>specimens not received at 2-8C and/or &gt;5 days from collection date.</b>
Interferences and Limitations	<ol style="list-style-type: none"> <li>1. Positive results in neonates must be interpreted with caution, since maternal IgG is transferred passively from the mother to the fetus before birth. IgM assays are generally more useful indicators of infection in children below the age of six months.</li> <li>2. Samples collected very early in the course of an infection may not have detectable levels of IgG.</li> <li>3. Samples that remain equivocal after repeat testing should be retested by an alternate method, e.g, immunofluorescence assay (IFA). If results remain equivocal upon further testing, an additional sample should be taken.</li> <li>4. Results of this test should be interpreted by the physician in light of other clinical findings and diagnostic procedures.</li> <li>5. The results from immunocompromised patients must be interpreted with caution. The presence of IgG antibody against a particular virus or organism may not assure protection from that disease. Some immune individuals have been shown have such low circulating IgG levels that they may appear negative or equivocal for that antibody when tested and then show a significant rise in antibody level when retested after exposure to the rubella virus.</li> <li>6. The results of a single specimen antibody determination should not be used to aid in the diagnosis of recent infection.</li> </ol>
Additional Information & Notes	Test for Immune status for pregnant women. Indicate pregnancy status
Reference Range	Vaccinated = Immune Non-vaccinated = Non-immune
Reference Lab	None
Reflex testing	None