



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

<b>Test Title</b>	<b>West Nile Virus, IgG or IgM</b> <b>Methodology: EIA/MIA</b>
<b>Specimen Requirements</b>	<ol style="list-style-type: none"><li>1. Specimen type(s): Serum (0.5 mL), CSF (=&gt; 1.0 mL)</li><li>2. Rejection criteria: hyperlipemic, heat inactivated, hemolyzed, icteric or bacterial contamination of serum or CSF; avoid multiple freeze/thaw cycles</li></ol>
<b>Sampling Materials</b>	<ol style="list-style-type: none"><li>1. Sample container: Blood tube, screw cap vial</li></ol>
<b>Procedural Notes</b>	<ol style="list-style-type: none"><li>1. <a href="#">Virology/Serology Test Request Form</a></li><li>2. CPT Code: 86788 (IgM), 86789 (IgG)</li></ol>
<b>Shipping Instructions</b>	<ol style="list-style-type: none"><li>1. Temperature/preservative instructions: Refrigerated</li><li>2. Package according to Biological Substance, Category B, shipping guidelines.</li><li>3. Ship to: Idaho Bureau of Laboratories <b>ATTENTION: Virology Laboratory</b> 2220 Old Penitentiary Rd Boise, ID 83712</li></ol>
<b>Reporting and Turnaround Time (TAT)</b>	<ol style="list-style-type: none"><li>1. TAT: 1-3 working days of specimen receipt</li><li>2. This disease must be reported to your local health district or to the state Bureau of Communicable Disease Prevention according to the rules and regulations governing Idaho reportable diseases (IDAPA 16.02.10).</li><li>3. Reference range: N/A</li></ol>