

Test Menu

TOPIC	DESCRIPTION
Test Name	Measles virus (MeV) (Rubeola), IgM
Other Name (s)	N/A
Analyte(s)	measles (MeV)
Test Code	1750
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. Medical History needed (i.e., dates MMR vaccination, onset date, collection date, travel history and symptoms).
Specimen Sources	Single serum or plasma
Supplemental Information- Special Specimen Preparation	N/A
Minimum Volume	3-5 mL of blood
Storage/Transport Conditions	Refrigerate specimens at 2-8°C or frozen at ≤-20°C immediately after collection.
Collection Media	serum-separator tube (tiger/red-topped 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 and 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	Hemolysis and/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	IgM positive may not occur until 4 days post-rash onset
Additional Information & Notes	Requires prior approval from CHD and notification to the testing lab.
Reference Range	Positive, Negative, or Equivocal
Reference Lab	CDC if needed
Reflex testing	N/A