Test Definition: FBORR

Lyme Disease Antibodies (IgG, IgM), IFA (Serum)

Reporting Title: Lyme Disease Ab (IgG, IgM) Panel
Performing Location: Focus Diagnostics,

Specimen Requirements:

Draw blood in a plain, red-top tube(s). Spin down and send 1 mL of serum refrigerated.

Note: Serum gel tube is acceptable, but must pour off into a plastic vial.

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	14 days
	Ambient	7 days
	Frozen	30 days

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z0728	Lyme Disease Ab (IgG), IFA	Alphanumeric		
Z0528	Lyme Disease Ab (IgM), IFA	Alphanumeric		
Z0529	Interpretation	Alphanumeric		

CPT Code: 2 × 86618

Reference Values:

Reference Range: IgG <1:80
IgM <1:10

Borrelia burgdorferi is the causative agent of Lyme disease. Specific antibody titers are measured using an indirect immunofluorescence assay (IFA). IgM-specific titers usually peak 4 to 6 weeks after onset of infection and may persist in the presence of disease. IgG levels begin to rise above background levels about 2 to 3 weeks after infection, and may stay elevated in cases of prolonged disease. Seronegative cases of Lyme disease have been reported and alternate laboratory tests may be necessary to make a diagnosis, (e.g., culture, PCR). Crossreactivity is shown with other Borrelia and Treponema species.

As recommended by the Food and Drug Administration (FDA Public Health Advisory, July 7, 1997), all samples with positive or equivocal results in the Lyme Disease C6 Antibody EIA (Screening) should be tested by Western Blot/Immunoblot. Positive or equivocal screening test results should not be interpreted as truly positive until verified as such using a confirmatory assay [e.g., Lyme Disease Antibodies (IgG, IgM), IBL (serum). The screening test and/or immunoblot for Lyme Disease antibodies may be falsely negative in early stages of Lyme Disease, including the period

when erythema migrans is apparent.

Test Performed by: Focus Diagnostics, Inc.
5785 Corporate Avenue
Cypress, CA 90630