TEST	**Mumps Virus Antibody, IgG**
Synonym	Mump Virus Titer
Lab Defined	NPHL
Admin Section	Clinical Microbiology, Serology
Method	Enzyme-Linked Immunosorbent Assay
Availability	Weekly on Wednesday (specimen received by 0800) Results on same day
Specimen	Blood
Collection device	Clot (Red) or SST (Gold) tube
Volume	Adult, 1-4ml blood Pediatric, minimum of 0.5 ml blood
Storage/Transport	Separate serum from the cells ASCP. Transport and store refrigerated; for >48 hours, freeze.
Unacceptable	Severly lipemic, icteric or hemolyzed samples; heat-activated serum; multiple freeze thaw cycles
Specimen stability	After separation from cells: ambient, <8 hours; refrigerated, 48 hours; frozen, 1 year
Reference Interval	<0.90 IV: NEGATIVE, No detectable mumps virus IgG antibody 0.90 to 1.09 IV: EQUOVOCAL, Borderline levels of IgG antibody to mumps virus. Repeat testing in 10-14 days recommended. ≥1.10 IV: POSITIVE, Mumps virus IgG antibody detected. Indicative of current or past infection. Positive IgG antibody levels in the absence of current clinical symptoms may also indicate immunity. (IV = Index Value)
Reportable Disease Information	A four-fold rise in titer between the acute and convalescent sera is reportable (see comments).
Comments	Confirmation of mumps by detection of IgG antibody levels requires testing of paired sera. Acute and convalescent sera with index values of <0.90 and >1.10, respectively have been shown to represent a ≥ 4-fold

increase in titer. In cases where an acute serum index value is >0.90, a 1.6 fold increase in index ratio (convalescent serum IV/ acute serum IV) is indicative of a significant antibody increase. Index ratios between >1.4 and <1.6 are considered equivocal and submission of a new convalescent serum after two weeks is recommended. For additional interpretive information, contact the laboratory.

When paired testing is considered, convalescent specimens must be received within 30 days from receipt of acute specimens.