

**TEST CHANGE**

**Dengue Fever Virus Antibody, IgG**

0093097, DEN G

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Serum separator tube.

**Specimen Preparation:** Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.1 mL) Parallel testing is preferred and convalescent specimens must be received within 30 days from receipt of the acute specimens. Mark specimens plainly as "acute or convalescent."

**Transport Temperature:** Refrigerated.

**Unacceptable Conditions:** Bacterially contaminated, heat-inactivated, hemolyzed, icteric, lipemic, or turbid specimens.

**Remarks:**

**Stability:** After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

**Methodology:** Semi-Quantitative Enzyme-Linked Immunosorbent Assay

**Performed:** Mon, Wed, Fri

**Reported:** 1-54 days

**Note:**

**CPT Codes:** 86790

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

Patients in the early stage of dengue fever virus infection may not have detectable IgG antibodies, as the IgG response may take several weeks to develop. In the absence of detectable IgG, testing for IgM class antibody is strongly recommended. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

1.64 IV or less: Negative - No significant level of detectable dengue fever virus IgG antibody.

1.65-2.84 IV: Equivocal - Questionable presence of antibodies. Repeat testing in 10-14 days may be helpful.

2.85 IV or greater: Positive - IgG antibody to dengue fever virus detected, which may indicate a current or past infection.

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