

A nonprofit enterprise of the University of Utah and its Department of Pathology

Effective Date: July 21, 2025

TEST CHANGE

Chikungunya Antibody, IgM 2011810, CHIKM			
Specimen Requirements:			
Patient Preparation:			
Collect:	Serumseparator tube (SST). Also acceptable: Plain redSerum or plasma (heparin, citrate, or EDTA).)		
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP <u>standard transport</u> <u>tubeStandard Transport Tube</u> . (Min: 0.15 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:	Contaminated, heat-inactivated, hemolyzed, or severely lipemic 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:	Wed		
Reported:	1-8 days		
Note:			
CPT Codes:	86790		
New York DOH Approval Status:	This test is New York DOH approved.		
Interpretive Data:			
has not been cleared or approved	erformance characteristics determined by ARUP Laboratories. It by the US Food and Drug Administration. This test was ratory and is intended for clinical purposes.		
Reference Interval:			
0.79 Index or less Negative: No significant level of Chikungunya IgM antibody detected.			

Deleted Cells

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0.80-1.09 Index	Equivocal: Questionable presence of Chikungunya IgM antibody detected. Repeat testing in 10-14 days may be helpful.	
1.10 Index or greater	Positive: Chikungunya IgM antibody detected.	

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