



Available now: SARS-CoV-2 antibody detection at Lab4more (serology)

At Lab4more, you can now have sera analysed for IgG and IgM antibodies against SARS-CoV-2. To do so, please enter *SARS-CoV-2 serology* in the "additional examinations" field on the request form and send a blood sample in a serum tube.

Lab4more is one of the first laboratories which provides these diagnostics in patient care. It is essential for the sender to observe the requirements formulated by the Robert Koch Institute (RKI) on handling patients in connection with SARS-CoV-2.

We recommend serological analytics in healthy patients without clinical symptoms and epidemiological risks with the question as to whether they already have an immune response to SARS-CoV-2.

The physician's expanded reporting duty for SARS-CoV-2 does not apply to this indication, since there is neither expected to be a clinical picture nor an epidemiological connection; see Paragraph (2) of the Ordinance on the Expansion of the Reporting Duty of the Federal Ministry of Justice and Consumer Protection, Germany (Verordnung über die Ausdehnung der Meldepflicht des Bundesministeriums der Justiz und für Verbraucherschutz):

§ 1 Expansion of the Reporting Duty

(1) The duty to report by name as per § 6(1)(1)(1) of the Infection Protection Act is expanded to include suspicion of affliction, affliction as well as death in relation to an infection caused by the novel coronavirus ("2019-nCoV") which first emerged in December 2019 in Wuhan in the People's Republic of China. In derogation from § 8(3)(2) of the Infection Protection Act, affliction in connection with the disease mentioned in Sentence 1 is also to be reported to the Health Department even if the suspicion had already been reported. The Health Department is also to be informed if the suspicion of an infection as per Sentence 1 is not confirmed.

(2) Suspicion of an affliction in relation to the disease mentioned in Paragraph 1(1) is only to be reported if the suspicion is substantiated in accordance with the state of scientific knowledge and by the clinical picture as well as a probable epidemiological connection. The recommendation about the disease mentioned in Paragraph 1(1) published by the Robert Koch Institute on the basis of § 4(2)(1) of the Infection Protection Act is to be taken into account.

(3) The duty to report by name as per § 7(1)(1) of the Infection Protection Act is expanded to include the direct or indirect evidence of the pathogen mentioned in Paragraph 1(1), insofar as the evidence indicates an acute infection.

The following must be observed when interpreting the results:

- 1) The absence of a serological response does NOT rule out an acute infection and carrier status, since it takes several days after an infection until antibodies are formed (timeframe/blind spot after infection).
- 2) The detection of IgM antibodies without, or even with, IgG indicates a fresh, recent infection. **In this case, there is a duty to report by name for the physician and for the laboratory pursuant to § 1(3) of the Ordinance (indirect evidence with indication of acute infection).** The guidelines of the RKI are to be followed if an acute infection is suspected. Further diagnostics may have to be initiated; please note that we do not perform direct pathogen detection from throat and nasopharyngeal swabs at our site at present. For this, please contact the laboratory diagnostic sites which are set up for this.
- 3) The detection of IgG antibodies without IgM generally indicates an infection which has been withstood and has a relatively low probability of being transmissible. There are initial indications that – much like other pathogens – a person’s infectivity declines rapidly once IgG antibodies have emerged, and that the pathogen can no longer be detected in the sputum (see literary reference under the heading “Reviewed for you”). As such, it cannot at present be assumed that one will have an immunity if IgG antibodies are detected.

Costs of an examination for IgM and IgG antibodies against SARS-CoV-2 amount to EUR 37.30 (direct payer) or EUR 42.90 (private patient).