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COVID-19 Serology Tests

The Stanford Clinical Laboratory is offering a COVID-19 serology test that detects IgG & IgM antibodies to the SARS CoV-2 spike receptor binding domain (RBD). This laboratory developed test has been validated using plasma from confirmed COVID-19 infected individuals. When ordering a COVID-19 serology test, it is important to understand the limitations.

- The presence of IgM, IgG, and/or IgA antibodies indicates an immune response to COVID-19 but it is not known at this time if the response is protective against future infections.
- False positive results are possible in serology assays; it is unclear what rate of false positive results will occur in individuals with recent infection by other kinds of coronaviruses, or other inflammatory conditions.
- The absence of IgM, IgG, or IgA antibodies does not exclude COVID-19 infection. It can take 1-2 weeks after onset of symptoms for antibodies to develop.
- The results of a COVID-19 serology test should not guide PPE use or other infection control measures, i.e. a health care worker with a positive COVID-19 serology test should not decrease PPE use.
- This is a billable test.

Obtain a nasopharyngeal swab for SARS-CoV-2 PCR to evaluate for the possibility of an active COVID-19 infection, if COVID-19 serology is positive or if patient is symptomatic (regardless of serology result).

The Stanford COVID-19 serology test is a plate-based enzyme-linked immunosorbent assay (ELISA) performed in a high complexity lab. It is distinct from the rapid serology tests (lateral flow immunoassay) performed on a finger-stick blood sample. Many of the rapid blood serology tests have not been fully validated and the performance characteristics are not well established.

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