MAYO CLINIC LABORATORIES

Test Definition: GFATS

Glial Fibrillary Acidic Protein Alpha Subunit Antibody, Immunofluorescence Titer Assay, Serum

Reporting Title: GFAP IFA Titer, S
Performing Location: Rochester

Necessary Information:

Provide the following information:
-Relevant clinical information
-Ordering provider name, phone number, mailing address, and e-mail address

Specimen Requirements:

Only orderable as a reflex. For more information see:
ENS2 / Encephalopathy, Autoimmune Evaluation Serum
DMS2 / Dementia, Autoimmune Evaluation, Serum
EPS2 / Epilepsy, Autoimmune Evaluation, Serum
MAS1 / Autoimmune Myelopathy Evaluation, Serum

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
605133	GFAP IFA Titer, S	Alphanumeric	titer	93423-2

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86256

Reference Values:

Only orderable as a reflex. For more information see:
ENS2 / Encephalopathy, Autoimmune Evaluation Serum
DMS2 / Dementia, Autoimmune Evaluation, Serum
EPS2 / Epilepsy, Autoimmune Evaluation, Serum
MAS1 / Autoimmune Myelopathy Evaluation, Serum

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