

Test Definition: GFATC

Glial Fibrillary Acidic Protein Alpha Subunit
Antibody, Immunofluorescence Titer Assay,
Spinal Fluid

Reporting Title: GFAP IFA Titer, CSF
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:
DMC2 / Dementia Autoimmune Evaluation, Spinal Fluid
ENC2 / Encephalopathy Autoimmune Evaluation, Spinal Fluid
EPC2 / Epilepsy Autoimmune Evaluation, Spinal Fluid
MAC1 / Autoimmune Myelopathy Evaluation, Spinal Fluid

Container/Tube: Sterile vial
Specimen Volume: 2 mL

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
605134	GFAP IFA Titer, CSF	Alphanumeric	titer	93421-6

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

Supplemental Report:
No

CPT Code Information:
86256

Reference Values:
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