

Reporting Title: Smooth Muscle Ab Screen, S

Performing Location: Rochester

Specimen Requirements:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 0.8 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

[General Request](#) (T239)

[Gastroenterology and Hepatology Test Request](#) (T728)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	21 days	
	Frozen	21 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609515	Smooth Muscle Ab Screen, S	Alphanumeric		26971-2

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

Supplemental Report:

No

CPT Code Information:

86015

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
SMAT	Smooth Muscle Ab Titer, S	1	86015	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
SMAT	608956	Smooth Muscle Ab Titer, S	Alphanumeric		5358-7

**Reference Values:**

Negative

Reference values apply to all ages.