MAYO CLINIC LABORATORIES

Test Definition: ALDG2

Autoimmune Liver Disease Panel, Serum

Reporting Title: Autoimmune Liver Disease Panel, S
Performing Location: Rochester

Ordering Guidance:

For evaluating patients at-risk for antinuclear antibody-associated systemic autoimmune rheumatic disease, particularly systemic lupus erythematosus, Sjogren syndrome, or mixed connective tissue disease, order CTDC / Connective Tissue Disease Cascade, Serum.

Specimen Requirements:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 1.5 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:

If not ordering electronically, complete, print, and send a Gastroenterology and Hepatology Test Request (T728) with the specimen.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
AMA	Mitochondrial Ab, M2, S	Numeric	U	51715-1
ANAH	Antinuclear Ab, HEp-2 Substrate, S	Alphanumeric		59069-5
1TANA	ANA Titer:	Alphanumeric		33253-6
1PANA	ANA Pattern:	Alphanumeric		49311-4
2TANA	ANA Titer 2:	Alphanumeric		33253-6
2PANA	ANA Pattern 2:	Alphanumeric		49311-4
CYTQL	Cytoplasmic Pattern:	Alphanumeric		55171-3
LCOM	Lab Comment:	Alphanumeric		77202-0
609515	Smooth Muscle Ab Screen, S	Alphanumeric		26971-2

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

Supplemental Report:

No

Test Definition: ALDG2

Autoimmune Liver Disease Panel, Serum

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
AMA	Mitochondrial Ab, M2, S	1	86381	Yes	Yes
NAIFA	Antinuclear Ab, HEp-2 Substrate, S	1	86039	Yes	Yes
SMAS	Smooth Muscle Ab Screen, S	1	86015	Yes	Yes

CPT Code Information:

86381
86039
86015
86015-Titer (if appropriate)

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:

MITOCHONDRIAL ANTIBODIES (M2)
Negative: <0.1 Units
Borderline: 0.1-0.3 Units
Weakly positive: 0.4-0.9 Units
Positive: > or =1.0 Units
Reference values apply to all ages.

ANTINUCLEAR ANTIBODIES
Negative: <1:80

SMOOTH MUSCLE ANTIBODIES
Negative
If positive, results are titered.
Reference values apply to all ages.