

Reporting Title: Glomerular Basement Membrane IgG Ab
Performing Location: Rochester

Ordering Guidance:
If patient is being evaluated for autoimmune skin disease, order CIFS / Cutaneous Immunofluorescence Antibodies (IgG), Serum for evaluation of anti-intercellular substance (ICS) and antibasement membrane zone (BMZ) antibodies.

Specimen Requirements:
Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Specimen Volume: 0.5 mL

Forms:
If not ordering electronically, complete, print, and send a [Renal Diagnostics Test Request](#) (T830) 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®
GBM	Glomerular Basement Membrane IgG Ab	Numeric	U	31254-6

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

Supplemental Report:
No

CPT Code Information:
83516

Reference Values:
<1.0 U (negative)
> or =1.0 U (positive)
Reference values apply to all ages.