

**Reporting Title:** Tissue Transglutaminase Ab, IgG, S  
**Performing Location:** Rochester

**Ordering Guidance:**

Cascade testing is recommended for celiac disease. Cascade testing ensures that testing proceeds in an algorithmic fashion. The following cascades are available; select the appropriate one for your specific patient situation.

- CDCOM / Celiac Disease Comprehensive Cascade, Serum and Whole Blood: complete testing including HLA DQ
- CDSP / Celiac Disease Serology Cascade, Serum: complete serology testing excluding HLA DQ
- CDGF / Celiac Disease Gluten-Free Cascade, Serum and Whole Blood: for patients already adhering to a gluten-free diet

To order individual tests, see [Celiac Disease Diagnostic Testing Algorithm](#).

**Specimen Requirements:**

**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 0.5 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®  |
|-----------|------------------------------------|---------|------|---------|
| TTGG      | Tissue Transglutaminase Ab, IgG, S | Numeric | U/mL | 56537-4 |

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

**Supplemental Report:**  
No

**CPT Code Information:**  
86364

**Reference Values:**  
<6.0 U/mL (negative)  
6.0-9.0 U/mL (weak positive)  
>9.0 U/mL (positive)

Reference values apply to all ages.