

Reporting Title: Parietal Cell Ab, IgG, S

Performing Location: Rochester

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.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
PCAB	Parietal Cell Ab, IgG, S	Numeric	U	40960-7

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

Supplemental Report:

No

CPT Code Information:

83516

Reference Values:

Negative: < or =20.0 Units

Equivocal: 20.1-24.9 Units

Positive: > or =25.0 Units

Reference values apply to all ages.