

Reporting Title: Anti-Enterocyte Antibodies
Performing Location: Children's Hospital of Philadelphia

Specimen Requirements:
REQUIRED Completed Anti-Enterocyte Antibody (AEA) Clinical form.
(Testing will not proceed without required form)

Specimen Type: Serum
Container/Tube: Red
Specimen volume: 1 mL
Collection Instructions: Collect blood in a red-top no additive tube and submit 1 mL of serum shipped frozen.

Forms:
If not ordering electronically, complete, print, and send [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen

Specimen Type	Temperature	Time	Special Container
Serum Red	Frozen		

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z1700	Anti-Enterocyte Antibodies	Numeric		Not Provided
Z1687	Dilution of Serum	Alphanumeric		Not Provided
Z1688	IgG	Alphanumeric		Not Provided
Z1689	IgA	Alphanumeric		Not Provided
Z1690	IgM	Alphanumeric		Not Provided
Z1691	Signed	Alphanumeric		Not Provided

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

Supplemental Report:
No

CPT Code Information:
88346
88350 x 2

Reference Values:
IgG: Negative
IgA: Negative
IgM: Negative

