

**Overview****Method Name**

Enzyme-linked immunosorbent assay (ELISA)

**NY State Available**

Yes

**Specimen****Specimen Type**

Serum

**Specimen Required****Collection Container/Tube:** 5 mL Red**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Acceptable:** SST**Collection Instructions:** Draw blood in a plain red-top tube(s), serum gel tube is acceptable. Spin down and send 1 mL of serum refrigerated in a plastic vial.**Specimen Minimum Volume**

0.3 mL (volume does NOT allow for repeat testing)

**Reject Due To**

Gross hemolysis:	Reject
Thawing:	Warm OK; Cold OK
Gross lipemia:	Reject
Gross icterus	Reject
Other:	Anything other than serum; bacterial contamination

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	60 days	
	Ambient	7 days	

**Clinical and Interpretive**

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**Clinical Information**

Anti-TIF-1(P155) antibodies are present in 15-38% of adult DM and 20-30% in JDM. Highly associated with malignancy which is found in 50-75% of positive adult patients; 89% specificity and 78% sensitivity for diagnosing cancer associated DM; no cancer association in children.

**Reference Values**

Reference Range: <20

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Interpretation:

Negative: <20 units

Weak Positive: 20 - 39 units

Moderate Positive: 40 - 80 units

Strong Positive: >80 units

**Performance****PDF Report**

No

**Day(s) and Time(s) Test Performed**

Monday through Friday

**Analytic Time**

9 days

**Maximum Laboratory Time**

11 - 13 days

**Performing Laboratory Location**

Esoterix Endocrinology

**Fees and Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

**CPT Code Information**

86235

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
FAT1G	Anti-TIF-1gamma Ab	Not Provided

Result ID	Test Result Name	Result LOINC Value
FAT1G	Anti-TIF-1gamma Ab	Not Provided