

Reporting Title: 21-Hydroxylase Ab, S**Performing Location:** Rochester**Ordering Guidance:**

Testing for auto-antibodies against 21-hydroxylase is recommended following confirmation of adrenal insufficiency to help differentiate between causes of primary adrenal insufficiency

Shipping Instructions:

Ship serum specimen frozen

Specimen Requirements:

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial to remove from cells or gel prior to shipping.

Specimen Minimum Volume:

0.2 mL

Specimen Type	Temperature	Time	Special Container
Serum	Frozen	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
607788	21-Hydroxylase Ab, S	Alphanumeric		85363-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83516

Reference Values:

Negative