

Reporting Title: Endomysial Abs (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 cascade tests are available; select the appropriate one for your specific patient situation.

-For complete testing including human leukocyte antigen (HLA) DQ, order CDCOM / Celiac Disease Comprehensive Cascade, Serum and Whole Blood

-For complete testing excluding HLA DQ, order CDSP / Celiac Disease Serology Cascade, Serum

-For patients already adhering to a gluten-free diet, order CDGF / Celiac Disease Gluten-Free Cascade, Serum and Whole Blood

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: 2 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.5 mL

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)	14 days	
	Frozen	30 days	
	Ambient	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
608880	Endomysial IgG Ab, S	Alphanumeric		39554-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86231-screen

86231-titer (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
EMAGT	EMA Titer (IgG), S			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
EMAGT	608881	EMA Titer (IgG), S	Alphanumeric		In Process

Reference Values:

Negative in normal individuals; also negative in patients with either dermatitis herpetiformis or celiac disease while adhering to gluten-free diet.