
Reporting Title: Smooth Muscle Ab Screen, S
Performing Location: Rochester**Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Specimen Volume: 0.8 mL
Collection Instructions: Centrifuge and aliquot serum into plastic vial

Specimen Minimum Volume:

0.4 mL

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

- General Request (T239)
- Gastroenterology and Hepatology Test Request (T728)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609515	Smooth Muscle Ab Screen, S	Alphanumeric		26971-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86015

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
SMAT	Smooth Muscle Ab Titer, S			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
SMAT	608956	Smooth Muscle Ab Titer, S	Alphanumeric		5358-7

Reference Values:

Negative

Reference values apply to all ages.