MAYO CLINIC LABORATORIES

Test Definition: IBDP2

Inflammatory Bowel Disease Serology Panel, Serum

Reporting Title: Inflammatory Bowel Disease Panel, S
Performing Location: Rochester

Specimen Requirements:

Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 1 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.8 mL

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	Refrigerated (preferred)	21 days	
	Frozen	21 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
SCERG	Saccharomyces cerevisiae Ab, IgG, S **Also used by tests: SCERG**	Numeric	RU/mL	47321-5
SCERA	Saccharomyces cerevisiae Ab, IgA, S **Also used by tests: SCERA**	Numeric	RU/mL	47320-7
610030	Cytoplasmic Neutrophilic Ab IBD, S	Alphanumeric		17355-9
614542	ANCA2 Interpretation	Alphanumeric		49308-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

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Inflammatory Bowel Disease Serology Panel, Serum

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
SCERG	Saccharomyces cerevisiae Ab, IgG, S			Yes	Yes
SCERA	Saccharomyces cerevisiae Ab, IgA, S			Yes	Yes
ANCA2	Cytoplasmic Neutrophilic Ab IBD, S			Yes	No

CPT Code Information:

86671 x 2
86036

Reference Values:

Saccharomyces cerevisiae ANTIBODY, IgA
Negative: <20.0 RU/mL
Positive: > or =20.0 RU/mL

Saccharomyces cerevisiae ANTIBODY, IgG
Negative: <20.0 RU/mL
Positive: > or =20.0 RU/mL

CYTOPLASMIC NEUTROPHIL ANTIBODIES, INFLAMMATORY BOWEL DISEASE PANEL, SERUM
Negative (not detectable)