

Reporting Title: Autoimmune Liver Disease Panel, S**Performing Location:** Rochester**Ordering Guidance:**

For evaluating patients at-risk for antinuclear antibody-associated systemic autoimmune rheumatic disease, particularly systemic lupus erythematosus, Sjogren syndrome, or mixed connective tissue disease, order CTDC / Connective Tissue Disease Cascade, Serum.

Specimen Requirements:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1.5 mL

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

Specimen Minimum Volume:

1.1 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)	21 days	
	Frozen	21 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
AMA	Mitochondrial Ab, M2, S Also used by tests: AMA	Numeric	U	51715-1
ANAH	Antinuclear Ab, HEp-2 Substrate, S Also used by tests: NAIFA	Alphanumeric		59069-5

Result ID	Reporting Name	Type	Unit	LOINC®
1TANA	ANA Titer: Also used by tests: NAIFA	Alphanumeric		33253-6
1PANA	ANA Pattern: Also used by tests: NAIFA	Alphanumeric		49311-4
2TANA	ANA Titer 2: Also used by tests: NAIFA	Alphanumeric		33253-6
2PANA	ANA Pattern 2: Also used by tests: NAIFA	Alphanumeric		49311-4
CYTQL	Cytoplasmic Pattern: Also used by tests: NAIFA	Alphanumeric		55171-3
LCOM	Lab Comment: Also used by tests: NAIFA	Alphanumeric		77202-0
609515	Smooth Muscle Ab Screen, S Also used by tests: SMAS	Alphanumeric		26971-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
AMA	Mitochondrial Ab, M2, S			Yes	Yes
NAIFA	Antinuclear Ab, HEp-2 Substrate, S			Yes	Yes
SMAS	Smooth Muscle Ab Screen, S			Yes	Yes

CPT Code Information:

86381
86039
86015
86015-Titer (if appropriate)

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:**MITOCHONDRIAL ANTIBODIES (M2)**

Negative: <0.1 Units

Borderline: 0.1-0.3 Units

Weakly positive: 0.4-0.9 Units

Positive: > or =1.0 Units

Reference values apply to all ages.

ANTINUCLEAR ANTIBODIES

Negative: <1:80

SMOOTH MUSCLE ANTIBODIES

Negative

If positive, results are titered.

Reference values apply to all ages.