

Reporting Title: GP210 Antibody, IgG, S**Performing Location:** Rochester**Additional Testing Requirements:**

This is a first line test when primary biliary cholangitis is strongly suspected. This test should be ordered in conjunction with AMA / Mitochondrial Antibodies (M2), Serum and SP100 / SP100 Antibody, IgG, Serum.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

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

Specimen Minimum Volume:

0.4 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®
GP210	GP210 Antibody, IgG, S	Numeric	U	96560-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83516

Reference Values:

Negative: < or =20.0 Units
Equivocal: 20.1-24.9 Units
Positive: > or =25.0 Units