

Reporting Title: Liver/Kidney Microsome Type 1 Ab, S**Performing Location:** Rochester**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 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®
LKM	Liver/Kidney Microsome Type 1 Ab, S	Numeric	U	32220-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86376

Reference Values:

< or =20.0 Units (negative)
20.1-24.9 Units (equivocal)
> or =25.0 Units (positive)
Reference values apply to all ages.