

Reporting Title: Cutaneous Immfluor. Ab, S (IgG)**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 2 mL

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

Specimen Minimum Volume:

0.5 mL

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	30 days	
	Ambient	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
21539	Cell Surface Ab IgG	Alphanumeric		21352-0
21540	Basement Membrane IgG	Alphanumeric		29994-1
21541	Primate Esophagus IgG	Alphanumeric		66881-4
21542	Primate Split Skin IgG	Alphanumeric		45178-1
21638	Other	Alphanumeric		48767-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88346

88350

Reference Values:

Report includes presence and titer of circulating antibodies. If serum contains basement membrane zone antibodies on split-skin substrate, patterns will be reported as:

- 1) Epidermal pattern, consistent with pemphigoid
- 2) Dermal pattern, consistent with epidermolysis bullosa acquisita

Negative in normal individuals