

Reporting Title: Glomerular Basement Membrane IgG Ab**Performing Location:** Rochester**Ordering Guidance:**

If patient is being evaluated for autoimmune skin disease, order CIFS / Cutaneous Immunofluorescence Antibodies (IgG), Serum for evaluation of anti-intercellular substance (ICS) and antibasement membrane zone (BMZ) antibodies.

Specimen Requirements:

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 0.5 mL

Specimen Minimum Volume:

0.35 mL

Forms:

If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) 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®
GBM	Glomerular Basement Membrane IgG Ab	Numeric	U	31254-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83516

Reference Values:

<1.0 U (negative)

> or =1.0 U (positive)

Reference values apply to all ages.