

**Reporting Title: SSA/SSB****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:**

0.35 mL

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	21 days	
	Frozen	21 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
SSA	SS-A/Ro Ab, IgG, S <b>Also used by tests: SSA</b>	Numeric	U	33610-7
SSB	SS-B/La Ab, IgG, S <b>Also used by tests: SSB</b>	Numeric	U	33613-1

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
SSA	SS-A/Ro Ab, IgG, S			Yes	Yes
SSB	SS-B/La Ab, IgG, S			Yes	Yes

**CPT Code Information:**

86235 x 2

**Reference Values:**

SS-A/Ro ANTIBODIES, IgG

&lt;1.0 U (negative)

&gt; or =1.0 U (positive)

Reference values apply to all ages.

SS-B/La ANTIBODIES, IgG

&lt;1.0 U (negative)

&gt; or =1.0 U (positive)

Reference values apply to all ages.