

**Reporting Title:** Tissue Transglutaminase Ab, IgG, S**Performing Location:** Rochester**Ordering Guidance:**

Cascade testing is recommended for celiac disease. Cascade testing ensures that testing proceeds in an algorithmic fashion. The following cascades are available; select the appropriate one for your specific patient situation.

-CDCOM / Celiac Disease Comprehensive Cascade, Serum and Whole Blood: complete testing including HLA DQ

-CDSP / Celiac Disease Serology Cascade, Serum: complete serology testing excluding HLA DQ

-CDGF / Celiac Disease Gluten-Free Cascade, Serum and Whole Blood: for patients already adhering to a gluten-free diet

To order individual tests, see Celiac Disease Diagnostic Testing Algorithm.

**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®
TTGG	Tissue Transglutaminase Ab, IgG, S	Numeric	U/mL	56537-4

LOINC and CPT codes are provided by the performing laboratory.

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**Supplemental Report:**

No

**CPT Code Information:**

86364

**Reference Values:**

<6.0 U/mL (negative)

6.0-9.0 U/mL (weak positive)

>9.0 U/mL (positive)

Reference values apply to all ages.