Reporting Title: Gliadin (Deamidated) Ab, Eval, 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®
DAGL	Gliadin(Deamidated) Ab, IgA, S **Also used by tests: DAGL**	Numeric	U	47393-4

Result ID	Reporting Name	Type	Unit	LOINC®
DGGL	Gliadin(Deamidated) Ab, IgG, S **Also used by tests: DGGL**	Numeric	U	47394-2

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
DAGL	Gliadin(Deamidated) Ab, IgA, S			Yes	Yes
DGGL	Gliadin(Deamidated) Ab, IgG, S			Yes	Yes

CPT Code Information:

86258 x 2

Reference Values:

Negative: <20.0 U
  Weak positive: 20.0-30.0 U
  Positive: >30.0 U
  Reference values apply to all ages.