

**Reporting Title:** Endomysial Abs, S (IgA)**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.

-For complete testing including human leukocyte antigen (HLA) DQ, order CDCOM / Celiac Disease Comprehensive Cascade, Serum and Whole Blood

-For complete testing excluding HLA DQ, order CDSP / Celiac Disease Serology Cascade, Serum

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

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: 2 mL

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

**Specimen Minimum Volume:**

0.5 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)	14 days	
	Frozen	30 days	
	Ambient	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
9360	Endomysial Ab	Alphanumeric		46126-9

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86231

86231-titer (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
EMAT	EMA Titer, S (IgA)			No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
EMAT	65091	EMA Titer, S (IgA)	Alphanumeric		27038-9

**Reference Values:**

Negative in normal individuals; also negative in dermatitis herpetiformis or celiac disease patients adhering to gluten-free diet.