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**Reporting Title:** Parietal Cell Ab, IgG, S**Performing Location** Rochester**Specimen Requirements:****Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Specimen Volume:** 0.5 mL

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

**Supplemental Report:**

No

**CPT Code Information:**

83516

**Reference Values:**

Negative: &lt; or =20.0 Units

Equivocal: 20.1-24.9 Units

Positive: &gt; or =25.0 Units

Reference values apply to all ages.