

**Reporting Title:** 21-Hydroxylase Ab, S**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Ordering Guidance:**

Testing for autoantibodies against 21-hydroxylase is recommended following confirmation of adrenal insufficiency to help differentiate between causes of primary adrenal insufficiency

**Shipping Instructions:**

Ship specimen frozen on dry ice

**Specimen Requirements:****Collection Container/Tube:**

**Preferred:** Red top

**Acceptable:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 1 mL

**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial to remove from cells or gel prior to shipping.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen	14 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
607788	21-Hydroxylase Ab, S	Alphanumeric		85363-0

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

83516

**Reference Values:**

Negative