

Reporting Title: Smooth Muscle Ab Screen, S**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Specimen Requirements:****Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**Collection Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Specimen Volume:** 0.8 mL Serum**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.**Forms:**

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

[-General Request \(T239\)](#)[-Gastroenterology and Hepatology Test Request \(T728\)](#)

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
609515	Smooth Muscle Ab Screen, S	Alphanumeric		26971-2

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

Supplemental Report:

No

CPT Code Information:

86015

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
SMAT	Smooth Muscle Ab Titer, S	1	86015	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
SMAT	608956	Smooth Muscle Ab Titer, S	Alphanumeric		5358-7

Reference Values:

Negative

Reference values apply to all ages.