

Reporting Title: Inflammatory Bowel Disease Panel, S
Performing Location: Mayo Clinic Laboratories - Rochester Superior Drive

Specimen Requirements:
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 1 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:
If not ordering electronically, complete, print, and send [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®
610030	Cytoplasmic Neutrophilic Ab IBD, S	Alphanumeric		17355-9
614542	ANCA2 Interpretation	Alphanumeric		49308-0
SCERA	Saccharomyces cerevisiae Ab, IgA, S	Numeric	RU/mL	47320-7
SCERG	Saccharomyces cerevisiae Ab, IgG, S	Numeric	RU/mL	47321-5

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

Supplemental Report:
No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
ANCA2	Cytoplasmic Neutrophilic Ab IBD, S	1	86036	Yes	No
SCERA	Saccharomyces cerevisiae Ab, IgA, S	1	86671	Yes	Yes
SCERG	Saccharomyces cerevisiae Ab, IgG, S	1	86671	Yes	Yes

CPT Code Information:
86671 x 2
86036

Reference Values:

Saccharomyces cerevisiae ANTIBODY, IgA
Negative: <20.0 RU/mL
Positive: > or =20.0 RU/mL

Saccharomyces cerevisiae ANTIBODY, IgG
Negative: <20.0 RU/mL
Positive: > or =20.0 RU/mL

CYTOPLASMIC NEUTROPHIL ANTIBODIES, INFLAMMATORY BOWEL DISEASE PANEL, SERUM
Negative (not detectable)