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**Reporting Title:** Autoimmune Liver Disease Panel, S**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Ordering Guidance:**

This test should be used for evaluating patients at-risk for antinuclear antibody-associated systemic autoimmune rheumatic disease.

**Specimen Requirements:****Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1.5 mL Serum**Collection Instructions:** Centrifuge and aliquot serum into a plastic vial.**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)	21 days	
	Frozen	21 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
AMA	Mitochondrial Ab, M2, S	Numeric	U	51715-1
ANAH	Antinuclear Ab, HEp-2 Substrate, S	Alphanumeric		59069-5
1TANA	ANA Titer:	Alphanumeric		33253-6
1PANA	ANA Pattern:	Alphanumeric		49311-4
2TANA	ANA Titer 2:	Alphanumeric		33253-6
2PANA	ANA Pattern 2:	Alphanumeric		49311-4
CYTQL	Cytoplasmic Pattern:	Alphanumeric		55171-3
LCOM	Lab Comment:	Alphanumeric		77202-0
609515	Smooth Muscle Ab Screen, S	Alphanumeric		26971-2

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
AMA	Mitochondrial Ab, M2, S	1	86381	Yes	Yes
NAIFA	Antinuclear Ab, HEp-2 Substrate, S	1	86039	Yes	Yes
SMAS	Smooth Muscle Ab Screen, S	1	86015	Yes	Yes

**CPT Code Information:**

86381  
 86039  
 86015  
 86015-Titer (if appropriate)

**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:**

**MITOCHONDRIAL ANTIBODIES (M2)**

Negative: <0.1 Units  
 Borderline: 0.1-0.3 Units  
 Weakly positive: 0.4-0.9 Units  
 Positive: > or =1.0 Units  
 Reference values apply to all ages.

**ANTINUCLEAR ANTIBODIES**

Negative: <1:80

**SMOOTH MUSCLE ANTIBODIES**

Negative  
 If positive, results are titered.  
 Reference values apply to all ages.