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**Reporting Title:** Celiac Disease Gluten-Free Cascade**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**Ordering Guidance:**

This cascade **should not be used** in patients for whom human leukocyte antigen (HLA) DQ2/DQ8 typing has already been performed. For individuals who are positive for either DQ2 and/or DQ8, CDSP / Celiac Disease Serology Cascade, Serum should be ordered to assess for the presence of autoantibodies associated with celiac disease. For individuals who are negative for DQ2 and DQ8, no further testing is necessary as a diagnosis of celiac disease is unlikely.

Cascade testing is recommended for celiac disease. Cascade testing ensures that testing proceeds in an algorithmic fashion. The following cascades are available; select the appropriate one for your specific patient situation.

-CDCOM / Celiac Disease Comprehensive Cascade, Serum and Whole Blood: Complete testing including HLA DQ

-CDSP / Celiac Disease Serology Cascade, Serum: Complete serology testing excluding HLA DQ

-CDGF / Celiac Disease Gluten-Free Cascade, Serum and Whole Blood: For patients already adhering to a gluten-free diet

To order individual tests, see [Celiac Disease Diagnostic Testing Algorithm](#)

**Specimen Requirements:****Both whole blood and serum are required.****Specimen Type:** Whole Blood**Container/Tube:****Preferred:** Yellow top (ACD solution A or B)**Acceptable:** No additional anticoagulants are acceptable.**Specimen Volume:** 6 mL**Collection Instructions:** Send whole blood in original tube. **Do not aliquot.****Specimen Type:** Serum**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**Collection Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 2 mL**Collection Instructions:** Centrifuge and aliquot serum into 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
Whole Blood ACD-B	Refrigerated (preferred)		
	Ambient		
Serum	Refrigerated (preferred)	21 days	

	Frozen	21 days	
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**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
DQA	DQ alpha 1	Alphanumeric		94495-9
DQB	DQ beta 1	Alphanumeric		53938-7
CELIG	Celiac gene pairs present?	Alphanumeric		48767-8
28991	Celiac Disease Interpretation	Alphanumeric		69048-7

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
CELI2	HLA-DQ Typing	2	81376	Yes	Yes, (Order CELI)
CDGF1	Celiac Disease Interpretation			Yes	No

**CPT Code Information:**

81376 x 2

82784 (if appropriate)

86258 (if appropriate)

86364 (if appropriate)

86231 (if appropriate)

**Reflex Tests:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
TTGA	Tissue Transglutaminase Ab, IgA, S	1	86364	No	Yes
DAGL	Gliadin(Deamidated) Ab, IgA, S	1	86258	No	Yes
DGGL	Gliadin(Deamidated) Ab, IgG, S	1	86258	No	Yes
TTGG	Tissue Transglutaminase Ab, IgG, S	1	86364	No	Yes
IGA	Immunoglobulin A (IgA), S	1	82784	No	Yes

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
DAGL	DAGL	Gliadin(Deamidated) Ab, IgA, S	Numeric	U	47393-4
DGGL	DGGL	Gliadin(Deamidated) Ab, IgG, S	Numeric	U	47394-2

IGA	IGA	Immunoglobulin A (IgA), S	Numeric	mg/dL	2458-8
TTGA	TTGA	Tissue Transglutaminase Ab, IgA, S	Numeric	U/mL	46128-5
TTGG	TTGG	Tissue Transglutaminase Ab, IgG, S	Numeric	U/mL	56537-4

**Reference Values:**

HLA-DQ TYPING

Presence of *HLA-DQ2* or *HLA-DQ8* alleles associated with celiac disease