

Reporting Title: Endomysial Abs, S (IgA)**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Ordering Guidance:**

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.

[-For complete testing including human leukocyte antigen \(HLA\) DQ, order CDCOM / Celiac Disease Comprehensive Cascade, Serum and Whole Blood](#)

-For complete testing excluding HLA DQ, order CDSP / Celiac Disease Serology Cascade, Serum

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

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

Specimen Requirements:**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 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)	14 days	
	Ambient	14 days	
	Frozen	30 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
9360	Endomysial Ab	Alphanumeric		46126-9

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

Supplemental Report:

No

CPT Code Information:

86231

86231-titer (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
EMAT	EMA Titer, S (IgA)	1	86231	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
EMAT	65091	EMA Titer, S (IgA)	Alphanumeric		27038-9

Reference Values:

Negative