

Overview
Method Name

Enzyme-linked immunosorbent assay (ELISA); RIPA Gel Radiography

NY State Available

Yes

Specimen
Specimen Type

Serum

Specimen Required
Collection Container/Tube: 10 mL Red

Submission Container/Tube: Plastic vial

Specimen Volume: 5 mL

Acceptable: SST

Collection Instructions: Draw blood in a plain red-top tube(s), serum gel tube is acceptable. Spin down and send 5 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume

4 mL (volume does NOT allow for repeat testing)

Reject Due To

| | |
|------------------|--|
| Gross hemolysis: | Reject |
| Thawing: | Warm OK; Cold OK |
| Gross lipemia: | Reject |
| Gross icterus | Reject |
| Other: | Anything other than serum; bacterial contamination |

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum | Refrigerated (preferred) | 14 days | |
| | Frozen | 60 days | |
| | Ambient | 7 days | |

Clinical and Interpretive

Clinical Information

The MyoMarker Panel 3 Plus can be used to assist in the diagnosis of dermatomyositis, polymyositis and the anti-synthetase syndrome. Furthermore, it allows characterization of various subsets of these disorders and offers prognostic information.

Reference Values

Anti-PL-7 Ab, Anti-PL-12 Ab, Anti-EJ Ab, Anti-OJ Ab, Anti-SRP Ab, Anti-Mi-2-Ab, Anti-U3 RNP (Fibrillarin), Anti-U2 RNP Ab, Anti-Ku Ab:

Reference Range: Negative

Interpretation for:

Anti-Jo-1 Ab, Anti-TIF-1gamma Ab, Anti-MDA-5-Ab (CADM-140), Anti-NXP-2 (P140) Ab, Anti-SAE1 Ab IgG, Anti-PM/Scl-100 Ab, Anti-SS-A 52kD Ab IgG, Anti-U1-RNP Ab:

Reference Range: <20

Negative: <20 units

Weak Positive: 20 - 39 units

Moderate Positive: 40 - 80 units

Strong Positive: >80 units

Performance

PDF Report

No

Day(s) and Time(s) Test Performed

Batched weekly

Analytic Time

14-21 days

Maximum Laboratory Time

16-25 days

Performing Laboratory Location

Esoterix Endocrinology

Fees and Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

CPT Code Information

83516 x 8

86235 x 7

83520 x 2

LOINC® Information

| Test ID | Test Order Name | Order LOINC Value |
|---------|--------------------------|-------------------|
| FMMPP | MyoMarker 3 Plus Profile | Not Provided |

| Result ID | Test Result Name | Result LOINC Value |
|-----------|---------------------------|--------------------|
| Z5693 | Anti-Jo-1 Ab | 35333-4 |
| Z5694 | Anti-PL-7 Ab | 33772-5 |
| Z5695 | Anti-PL-12 Ab | 33771-7 |
| Z5696 | Anti-EJ Ab | 45149-2 |
| Z5697 | Anti-OJ Ab | 45152-6 |
| Z5698 | Anti-SRP Ab | 33921-8 |
| Z5699 | Anti-Mi-2-Ab | 18485-3 |
| Z5703 | Anti-TIF-1gamma Ab | 88739-8 |
| Z5701 | Anti-MDA-5 Ab (CADM-140) | 88725-7 |
| Z5702 | Anti-NXP-2 (P140) Ab | 82425-0 |
| Z5709 | Anti-SAE1 Ab, IgG | 82992-9 |
| Z5704 | Anti-PM/ScI-100 Ab | 31562-2 |
| Z5707 | Anti-Ku Ab | 18484-6 |
| Z5708 | Anti-SS-A 52kD Ab, IgG | 70257-1 |
| Z5706 | Anti-U1 RNP Ab | 57662-9 |
| Z5705 | Anti-U2 RNP Ab | 68549-5 |
| Z5700 | Anti-U3 RNP (Fibrillarin) | 49963-2 |