

Overview

Special Instructions

- [Anti-Enterocyte Antibody \(AEA\) Clinical Form](#)

Method Name

Indirect Immunofluorescence

NY State Available

No

Specimen

Specimen Type

Serum Red

Necessary Information

[Anti-Enterocyte Antibody \(AEA\) Clinical Form](#) is required. Complete the form and submit with the specimen. Testing will not proceed without this required form.

Specimen Required

A completed [Anti-Enterocyte Antibody \(AEA\) Clinical Form](#) is required. Testing will not proceed without required form.

Specimen Type: Serum

Container/Tube: Red top

Specimen volume: 1 mL

Collection Instructions: Collect blood in a red-top no additive tube and submit 1 mL of serum shipped frozen.

Forms

[Anti-Enterocyte Antibody \(AEA\) Clinical Form](#) is required.

Specimen Minimum Volume

1 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA

Other	NA
-------	----

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum Red	Frozen		

Clinical & Interpretive

Reference Values

IgG: Negative
IgA: Negative
IgM: Negative

Performance

PDF Report

No

Day(s) Performed

Batched

Report Available

28 to 56 days

Performing Laboratory Location

Children's Hospital of Philadelphia

Fees & 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 account representative. For assistance, contact [Customer Service](#).

Test Classification

These tests were developed and their performance characteristics determined by the Pathology Department at The Children’s Hospital of Philadelphia. They have not been cleared or approved by the U.S. Food And Drug Administration. The FDA has determined that such clearance or approval is not necessary. These tests are used for

clinical purposes. It should not be regarded as investigational or for research. This Laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high complexity clinical laboratory testing.

CPT Code Information

88346
88350 x 2

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FAEAB	Anti-Enterocyte Antibodies	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z1700	Anti-Enterocyte Antibodies	Not Provided
Z1687	Dilution of Serum	Not Provided
Z1688	IgG	Not Provided
Z1689	IgA	Not Provided
Z1690	IgM	Not Provided
Z1691	Signed	Not Provided