Reporting Title: Cutaneous Immfluor. Ab, IgG/IgG4, S
Performing Location: Rochester

Specimen Requirements:
Collection Container/Tube:
Supplies: Sarstedt Aliquot Tube, 5 mL (T914)
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 2 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:
0.5 mL

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	14 days
	Frozen	30 days
	Ambient	14 days

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
21539	Cell Surface Ab IgG	Alphanumeric		93233-5
21540	Basement Membrane IgG	Alphanumeric		29994-1
21542	Primate Split Skin IgG	Alphanumeric		104832-1
622319	Cell Surface Ab IgG4	Alphanumeric		In Process
622320	Basement Membrane IgG4	Alphanumeric		In Process
622322	Primate Split Skin IgG4	Alphanumeric		In Process
21638	Other	Alphanumeric		48767-8

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:

88346
88350
88350 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
CIFST	CIFS Titer, IgG, S	1	88350	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
CIFST	622323	Cell Surface Ab Titer, IgG	Alphanumeric		104831-3
CIFST	622324	Basement Membrane Titer, IgG	Alphanumeric		104836-2
CIFST	622325	Other	Alphanumeric		48767-8

Reference Values:

Negative