

Order Name: **GLIAD IGG**Test Number: 5537550
Revision Date: 01/01/2022

TEST NAME			METHODOLOGY	LOINC CODE
Gliadin Deamidated Antibody, IgG			Chemiluminescence Assay	63459-2
SPECIMEN REQU	JIREMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	1.0 mL (0.5 mL)	Serum	Clot Activator SST	Frozen
Instructions	Allow specimen to clot completely at room temperature. <b>Separate serum from cells ASAP or within 2 hours of collection.</b> Stability: Room Temperature 8hrs. Refrigerated: 48hrs. Frozen: 30 days. Transport Frozen			

GENERAL INFORMATION		
Testing Schedule	Mon - Fri	
Expected TAT	1-3 Days	
Clinical Use	Assist in diagnosis of celiac disease; however, interpret results with caution due to the propensity of assay false positives. Useful to monitor diet compliance in celiac patients.	
CPT Code(s)	86258	
Service Provided By	labcorp Oklahoma, Inc.	