


## Celiac Disease Antibody Panel

Order Name: **CELIAC PNL**  
Test Number: 5537600  
Revision Date: 10/01/2022

TEST NAME	METHODOLOGY	LOINC CODE
Tissue Transglutaminase IgA (IgA anti-tTG)	Chemiluminescence Assay	46128-5
Gliadin Deamidated Antibody, IgA	Chemiluminescence Assay	63453-5
Gliadin Deamidated Antibody, IgG	Chemiluminescence Assay	63459-2
Immunoglobulin IgA Quantitative	Turbidometric	2458-8

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	1 mL (0.5 mL)	Serum	Clot Activator SST	Refrigerated
Instructions	Allow specimen to clot completely at room temperature. <b>Separate serum from cells ASAP or within 2 hours of collection.</b> Stability After separation from cells: Ambient 8 hours, Refrigerated 2 days, Frozen 30 days (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION	
Testing Schedule	Mon, Wed, Fri
Expected TAT	2-5 Days
Clinical Use	Labcorp Oklahoma, Inc. recommends utilizing the celiac panel rather than the celiac analyzer because of the major improvements in the sensitivity and specificity of the IgA and IgG anti-gliadin assays. The celiac panel will now include quantitative IgA, the utilization of the synthetic gliadin-related deamidated peptides and human tissue transglutaminase (tTG). The utilization of the human tissue transglutaminase (tTG) and the synthetic gliadin-related deamidated peptide antigens in the EIA assay format for the detection of IgA anti-tTG, IgA anti-gliadin and IgG anti-gliadin have proven to be very sensitive and highly specific for celiac disease.
Notes	IgA deficiency is 10-15 times greater in patients with CD and therefore it would be important to reflex to IgG anti-tTG if the patient is IgA deficient and negative for IgG anti-gliadin. In patients with normal levels of IgA, any of the above serologic assays are suitable for following compliance to diet. A diet compliant patient will experience loss of the IgA anti-tTG, IgA anti-gliadin and/or IgG anti-gliadin after approximately 6 months.
CPT Code(s)	83516x3; 82784
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.