## Ascension St. John

Soluble Liver Antigen (SLA) IgG Antibody

Order Name: SOLUB LIV Test Number: 5579200 Revision Date: 08/29/2023

| TEST NAME METHODOLOGY LOINC CODE   Soluble Liver Antigen (SLA) IgG Antibody Enzyme Immunoassay   SPECIMEN REQUIREMENTS  |     |  |  |  |
|---|-----|--|--|--|
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| SPECIMEN REQUIREMENTS   |     |  |  |  |
|   |     |  |  |  |
|   |     |  |  |  |
| Specimen     Specimen Volume (min)     Specimen Type     Specimen Container     Transport Environm  | ent |  |  |  |
| Preferred     0.6 mL (0.3)     Serum     Clot Activator SST     Refrigerated  |     |  |  |  |
| nstructions Notes: 0.3 mL (Note: This volume Does NOT allow for repeat testing.)  |     |  |  |  |
| <b>Specimen Type:</b> Red-top tube or gel-barrier tube<br><b>Specimen Collection:</b> If red top is used, transfer separated serum to a plastic transport tube. |     |  |  |  |
|   |     |  |  |  |
| Specimen Stability: Ambient: 7 Days, Refrigerated : 14 Days, Frozen: 14 Days (Freeze/Thaw Cycle: Stable x3)   |     |  |  |  |

| GENERAL INFORMATION |   |
|---------------------|---|
| Expected TAT        | 4 - 6 days  |
| Clinical Use        | Recommended for the evaluation of autoimmune liver disease or hepatitis of unknown etiology |
| CPT Code(s)         | 83516   |
| Service Provided By | Oklahoma, Inc.  |