Cutaneous Immunofluorescence IgA Ab

Order Name: **Skin IgA IFA**
Test Number: 5197386
Revision Date: 07/17/2026

TEST NAME	METHODOLOGY	LOINC CODE
Cutaneous Immunofluorescence IgA Ab	Immunofluorescence Assay (IFA)	n/a

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**1 mL (0.5 mL)**	**Serum**	**Clot Activator (SST or Red No-Gel)**	**Room Temperature**

Instructions

Specimen: 1mL Serum from an SST Clot Tube or Red No Gel Clot Tube in an approved transport tube.
(Note: Minimum Volume 0.5mL does not allow for repeat testing.)
Stability Requirements: Room temperature 14 days, Refrigerated 14 days, Frozen 14 days (Freeze/thaw cycles Stable x3)
Cause for Rejection: Gross hemolysis; grossly lipemic; gross icterus.

GENERAL INFORMATION

Expected TAT: 3-5 Days

Notes

RESULT CODE	RESULT NAME	LOINC CODE
5197578	Esophag Cell Surface IgA	n/a
5197579	Esophag BMZ IgA	n/a
5197580	Split Skin BMZ Roof IgA	n/a
5197581	Split Skin BMZ Floor IgA	n/a
5197582	Esophag cell Surface IgA Titer	(posible result)
5197583	Esophag BMZ IgA Titer	(posible result)
5197584	Split Skin BMZ Roof IgA Titer	(posible result)
5197585	Split Skin BMZ Floor IgA Titer	(posible result)

CPT Code(s): 86255x4

Service Provided By: labcorp Oklahoma, Inc.