

Gliadin (Deamidated) Antibody, IgA

Order Name: **DAGL**
Revision Date: 12/05/2019

TEST NAME	METHODOLOGY	LOINC CODE
Gliadin (Deamidated) Antibody, IgA		

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.5 mL (0.4 mL)	Serum	Serum Gel Tube	Refrigerated
Alternate 1	0.5 mL (0.4 mL)	Serum	Red Top	Refrigerated
Instructions	Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered.			
Reference Range	Negative: <20.0 U Weak positive: 20.0-30.0 U Positive: >30.0 U Reference values apply to all ages.			
Methodology	Enzyme-Linked Immunosorbent Assay (ELISA)			

GENERAL INFORMATION	
Testing Schedule	Monday through Saturday; 4 p.m.
Expected TAT	1-3 Days
Notes	Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered.
CPT Code(s)	83516
Lab Section	NRLS-Mayo Medical Laboratories