

**TISSUE TRANSGLUTAMINASE AB, IGA/IGG**  
**#400004**

**TISSUE TRANSGLUTAMINASE AB, IGA**  
**#400005**

**NOTE:** The testing and reporting is equivalent to Rochester tests Tissue Transglutaminase Ab, IgA/IgG (83671) and Tissue Transglutaminase Ab, IgA (82587).

**USEFUL FOR:** As an aid in the diagnosis of celiac disease

**METHODOLOGY:** Enzyme Immunoassay (EIA)

**REFERENCE VALUES:**

TISSUE TRANSGLUTAMINASE ANTIBODIES, IgA  
<4.0 U/mL (negative)  
4.0-10.0 U/mL (equivocal)  
>10.0 U/mL (positive)

TISSUE TRANSGLUTAMINASE ANTIBODIES, IgG  
<6.0 U/mL (negative)  
6.0-9.0 U/mL (equivocal)  
>9.0 U/mL (positive)

**SPECIMEN REQUIREMENTS:** Draw blood in a plain, red-top tube(s) or a serum gel tube(s). Spin down and send 1 mL of serum refrigerated.

**CAUTIONS:** No significant cautionary statements

**LIST FEE:** \$233.70

**CPT CODE:** 83516 X 2

**ANALYTIC TIME:** 1 day

**DAY(S) SET UP:** Monday – Friday, 1st shift

**QUESTIONS:** Contact your Mayo Medical Laboratories' Regional Manager  
Mary Erath, Mayo Medical Laboratories' Technologist Support  
Telephone: 800-533-1710



# TEST DEFINITION

6/30/2009

Code Name

400004 Tissue Transglutaminase Ab, IgA/IgG

\*\*\*\* End of Name to order code Report \*\*\*\*

MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
400004(profile)			Tissue Transglutaminase Ab, IgA/IgG			
400005	7/27/2007		Tissue Transglutaminase Ab, IgA, S			NEL
		400005	Tissue Transglutaminase Ab, IgA, S			
			Units: U/mL			
			NO SEX			
			All Ages :		; <4.0	
			MALE			
			All Ages :		; <4.0	
			FEMALE			
			All Ages :		; <4.0	
			- - - - -			
400006	7/27/2007		Tissue Transglutaminase Ab, IgG, S			NEL
			Transport temp : Refrig\Frozen OK\Ambient OK			
		400006	Tissue Transglutaminase Ab, IgG, S			
			Units: U/mL			
			NO SEX			
			All Ages :		; <6.0	
			MALE			
			All Ages :		; <6.0	
			FEMALE			
			All Ages :		; <6.0	
			- - - - -			

MML MML Test setup information





# TEST DEFINITION

6/30/2009

Code	Name
400005	Tissue Transglutaminase Ab, IgA, S

\*\*\*\* End of Name to order code Report \*\*\*\*

MML MML Test setup information

ORDER CODE	EFF DATE	TC	TITLE	Checking Normals	Print normals (# coded)	Perform Site *
400005	7/27/2007		Tissue Transglutaminase Ab, IgA, S			NEL
		400005	Tissue Transglutaminase Ab, IgA, S			
			Units: U/mL			
			NO SEX			
			All Ages :		; <4.0	
			MALE			
			All Ages :		; <4.0	
			FEMALE			
			All Ages :		; <4.0	

### \*Performing Site Legend

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NEL      Mayo Medical Laboratories New England      LAB DIRECTOR:  Lynn A. Cheryk, Ph.D.
          160 Dascomb Road
          Andover, MA 01810
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\*\*\* End of Report \*\*\*

CODE	TEXT
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Total of 0 normals codes

\*\*\* End of Report \*\*\*



## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, K		PATIENT NUMBER		AGE 30	SEX F	ACCESSION # G9130438
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/30/09 07:22 A	RECEIVED	REPORT PRINTED 06/30/09 10:26 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME	DATE TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
<b>Tissue Transglutaminase Ab, IgA, S</b>				
Tissue Transglutaminase Ab, IgA, S <4 U/mL (Negative)	<1.23	U/mL	<4.0	NEL
<b>Tissue Transglutaminase Ab, IgG, S</b>				
Tissue Transglutaminase Ab, IgG, S <6 U/mL (Negative)	<1.23	U/mL	<6.0	NEL

## \* PERFORMING SITE

NEL	Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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PATIENT NAME TESTING, K	ORDER STATUS Final	COLLECTION DATE AND TIME 06/30/09 07:22 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, K		PATIENT NUMBER		AGE 40	SEX M	ACCESSION # G9130439
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 06/30/09 07:24 A	RECEIVED 06/30/09 07:24 A	REPORT PRINTED 06/30/09 10:28 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE TIME	DATE TIME	DATE TIME	DATE TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
<b>Tissue Transglutaminase Ab, IgA, S</b>			
Tissue Transglutaminase Ab, IgA, S	4.0	<4.0	NEL
4.0-10.0 U/mL (Weak Positive)			

## \* PERFORMING SITE

NEL Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
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PATIENT NAME TESTING, K	ORDER STATUS Final	COLLECTION DATE AND TIME 06/30/09 07:24 A
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Specimen receipt and report times are in CST/CDT

REPRINT

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