



**MAYO CLINIC**  
Mayo Medical Laboratories

1-800-533-1710

## **REFERRAL TEST DOWN**

**NOTIFICATION DATE:** August 4, 2009

**EFFECTIVE DATE:** Immediately

### **ANTI ENTEROCYTE ANTIBODIES**

**#91854**

**EXPLANATION OF CHANGE:** Due to staffing issues at The Children's Hospital of Philadelphia there will be no test results available for this test code until the end of September.

**ALTERNATIVE TEST:** #91612, Misc MGH Dr. Kushak's Lab; indicate Anti Enterocyte AB Serum (Anti Epithelial Cell Antibody)

**METHODOLOGY:** WB Western Blot; Immunohistochemistry

**SPECIMEN REQUIREMENTS:**

3 mL (1 mL min) frozen serum from red top vial.

**REQUIRED:** Test will not be performed unless MGH req. is completed and clinical summary/medical history is provided, they would also like a pathology report if available.

**LIST FEE:** \$425.00

**CPT CODE:** 88342=Immunohistochemistry; 88371 = WB

**ANALYTIC TIME:**

2-3 Days from test set up

**DAY(S) SET-UP:**

Batched once or twice a month

**QUESTIONS:** Contact Mayo Medical Laboratories  
Telephone: 800-533-1710