DIAGNOSTIC AUTOANTIBODY REQUEST

BARBARA DAVIS CENTER FOR CHILDHOOD DIABETES

# University of Colorado School of Medicine, Anschutz Medical Campus

1775 Aurora Ct, M20-4201E

Aurora, CO 80045

Phone: (303) 724-6809 FAX: (303) 724-5811

# DIRECTIONS FOR SENDING SAMPLES FOR AUTOANTIBODY MEASUREMENT

1. Please complete the request form. Make sure to include an address where the results should be sent.
2. A 3-cc tube (red-top or tiger-top) of blood should be drawn, allowed to clot, and centrifuged.
3. **At least 250uL of serum** should be transferred to a vial labeled with patient’s full name and the date of draw.
4. If the sample will be held longer than one day prior to shipping, freeze sample and ship on dry ice.

## Samples cannot be tested if extremely hemolyzed or lipimic. No frozen whole blood samples.

1. Vial containing serum should be packaged with a cool pack or on dry ice (if frozen).
2. Send by overnight mail to:

Attn: Diagnostic Sample Barbara Davis Center 1775 Aurora Ct.

M20-4201E

Aurora, CO 80045

Tel: 303-724-6809

The results of the test will be reported within 1-2 weeks.

* GAD65 Autoantibodies (GADA)…..$50.00 o **Complete Islet Autoantibody screen**

(CPT 83519) **(GADA, IA-2A, IAA, ZnT8A) $160.00**

(CPT 83519,86341,86337,86341)

* IA-2 Autoantibodies (IA-2A)…........$50.00 o Transglutaminase Autoantibodies (TGA)

(CPT 86341) (Celiac disease, CPT 83516) $50.00

o 21-Hydroxylase Autoantibodies (Hyd21)

* Insulin Autoantibodies (IAA)............$80.00 (Addison’s disease, CPT83519) $50.00

## (CPT 86337) o Complete Islet Autoantibody plus 21-Hydroxylase, Transglutaminase Autoantibodies $220.00

o ZnT8 Autoantibodies (ZnT8A).............$50.00 (CPT 83519,86341,86337,83516,83519,86341) (CPT 86341)

## A

Patient Name: Date of Birth:

Clinic/Hospital ID#: Sample Drawn Date:

## B Requesting physician or clinic will be billed for this test.

Requesting Physician: Billing Address: \_ \_ \_

Address:

Phone:

Fax:

Phone: Fax:

## RESULTS

GADA:

IA-2A: IAA:

ZnT8A:

TGA: Hyd21:

normal ≤ 20

elevated > 20

Version 6

normal ≤ 5

elevated > 5

normal ≤ 0.010

elevated > 0.010

normal ≤ 0.020

elevated > 0.020

normal ≤ 0.050

elevated > 0.050

normal ≤ 0.150

elevated > 0.150

10/17/2022 Report Date

This test was developed and its performance verified by the Autoantibody Laboratory at the Barbara Davis Center. It has not been cleared or approved by the US Food and Drug Administration. Brief descriptions of the method and performance characteristics are available upon request. This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) and the College of American Pathologists (CAP) as qualified to perform high complexity clinical laboratory testing.