

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.
5. **Samples cannot be tested if extremely hemolyzed or lipimic. No frozen whole blood samples.**
6. Vial containing serum should be packaged with a cool pack or on dry ice (if frozen).
7. 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.

o GAD65 Autoantibodies (GADA).....\$50.00 (CPT 83519)	o Complete Islet Autoantibody screen (GADA, IA-2A, IAA, ZnT8A).....\$160.00 (CPT 83519,86341,86337,86341)
o IA-2 Autoantibodies (IA-2A).....\$50.00 (CPT 86341)	o Transglutaminase Autoantibodies (TGA) (Celiac disease, CPT 83516).....\$50.00
o Insulin Autoantibodies (IAA).....\$80.00 (CPT 86337)	o 21-Hydroxylase Autoantibodies (Hyd21) (Addison's disease, CPT83519).....\$50.00
o ZnT8 Autoantibodies (ZnT8A).....\$50.00 (CPT 86341)	o Complete Islet Autoantibody plus 21-Hydroxylase, Transglutaminase Autoantibodies.....\$220.00 (CPT 83519,86341,86337,83516,83519,86341)

A

Patient Name: _____ Clinic/Hospital ID#: _____
Date of Birth: _____ Sample Drawn Date: _____

B

Requesting physician or clinic will be billed for this test.

Requesting Physician: _____	Billing Address: _____
Address: _____	_____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

RESULTS

GADA: _____	IA-2A: _____	IAA: _____	ZnT8A: _____	TGA: _____	Hyd21: _____
normal < 20	normal < 5	normal < 0.011	normal < 0.021	normal < 0.050	normal < 0.150
elevated > 25	elevated > 7	elevated > 0.013	elevated > 0.030	elevated > 0.100	elevated ≥ 0.200

Version 5
6/30/2021

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.