Epidermal Transglutaminase (eTG/TG3) Antibody, IgA by ELISA

Patient: [redacted]
DOB: [redacted] Age: [redacted] Sex: [redacted]
Patient Identifiers: [redacted]

Visit Number (FIN): [redacted]

Client: [redacted]

Physician: [redacted]

ARUP Test Code: 2010902

Collection Date: 06/21/2022
Received in lab: 06/22/2022
Completion Date: 06/22/2022

Immunodermatology Serum Test Report Navigation Guide

The Immunodermatology TESTING REPORT from the University of Utah follows "See Note" and is arranged as outlined below on the following pages:

CLINICAL INFORMATION
This content is provided by the ordering clinician and includes the reason for testing.

Specimen Details
This includes specimen identification with collected and received dates.

DIAGNOSTIC INTERPRETATION
This is a synopsis of key findings from the testing and their diagnostic relevance.

RESULTS
This section reports the discrete finding and value of each test component, along with the reference range.

COMMENTS
Specific

These comments provide an explanation of the test results as they relate to clinical considerations, and include reference to any concurrent and/or previous testing.

General

These comments summarize fundamental information about the test(s) and the component(s) assessed to aid in interpretation of their clinical applicability.

TESTING METHODS
The section lists the procedures performed, the test source(s), and the applicable laboratory developed test disclaimer(s).

TEST RESULTS SUMMARY CHART
A chart tabulating results of tests ordered for the patient by the same client is included if previous and/or concurrent testing has been performed.

ELISA RESULTS GRAPH
A graph of ELISA results also is included if previous and/or concurrent testing has been performed; the graph may be found on a subsequent page.

For testing algorithm and additional information, refer to:
arupconsult.com/content/immunobullous-skin-diseases-screening

HEALTH
UNIVERSITY OF UTAH

Department of Dermatology
Immunodermatology Laboratory

Immunodermatology.uofumedicine.org

[redacted] MD - Co-Director
[redacted] MD - Co-Director
[redacted] MD
[redacted] MD

417 S. Wakara Way, Suite 2151
Salt Lake City, UT 84108

Phone: 1-801-581-7139 or 1-866-266-5699
Fax: 1-801-585-5695

IMMUNODERMATOLOGY LABORATORY REPORT

[redacted]

Submitter

ARUP Sendouts

Epidermal Transglutaminase (eTG/TG3) Antibody, IgA by ELISA (Final result)

TESTING REPORT follows "See Note"
See Note

CLINICAL INFORMATION
Skin lesions and gastrointestinal symptoms. Presumptive diagnosis is dermatitis herpetiformis.

Specimen Details
S22-IP0000500 - Serum; Collected: 6/21/2022; Received: 6/22/2022

DIAGNOSTIC INTERPRETATION
Increased IgA epidermal transglutaminase (eTG), also known as transglutaminase 3 (TG3), antibody level by ELISA, providing support for the diagnosis of dermatitis herpetiformis

(See Results and Comments)

RESULTS
Enzyme-Linked Immunosorbent Assay (ELISA)

Epidermal Transglutaminase (eTG/TG3) IgA Antibodies

IgA epidermal transglutaminase antibody level: 55 U/mL (H)

Reference Range:
Normal (negative) = Less than 16 U/mL
Borderline/Indeterminate = 16-22 U/mL
Increased (H) (positive) = Greater than 22 U/mL

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[redacted]
PCP: Unspecified

COMMENTS

Specific

This ELISA result, demonstrating an increased IgA epidermal transglutaminase (eTG), also known as transglutaminase 3 (TG3), antibody level, supports the diagnosis of dermatitis herpetiformis. Most patients with dermatitis herpetiformis have associated celiac disease.

Clinical correlation is needed including with direct immunofluorescence findings on a biopsy specimen and assessment of celiac disease serologies, including serum IgA endomysial antibodies by indirect immunofluorescence and IgA tissue transglutaminase (tTG), also known as transglutaminase 2 (TG2), antibodies by ELISA. If not already performed, direct immunofluorescence testing can be accomplished on a biopsy specimen submitted through ARUP Laboratories [ARUP test number 0092572, Direct Immunofluorescence, Tissue Biopsy (Cutaneous, Mucosal, Epithelial)], and testing for serum celiac disease antibodies may be accomplished by request (ARUP test number 2008114, Celiac Disease Reflexive Cascade); contact ARUP Client Services, 1-800-242-2787, option 2, for assistance.

IgA eTG/TG3 antibody levels correlate with disease activity in individual patients with dermatitis herpetiformis; therefore, monitoring antibody levels may aid in assessing disease activity, including as related to gluten ingestion.

General

Epidermal transglutaminase (eTG), also known as transglutaminase 3 (TG3), is the dominant antigen to which IgA antibodies develop in dermatitis herpetiformis. IgA epidermal transglutaminase antibodies account for the characteristic dermal IgA reactivity (subepithelial granules or fibrils beneath the basement membrane zone with stippling in dermal papillae) observed by direct immunofluorescence in skin biopsy specimens. An increased IgA eTG/TG3 antibody level in serum is distinctly characteristic of dermatitis herpetiformis.

Levels of IgA eTG/TG3 antibodies may correlate with disease activity in individual patients with dermatitis herpetiformis. Most patients with dermatitis herpetiformis have gluten sensitivity with celiac disease and characteristic IgA antibodies to tissue transglutaminase (tTG), also known as transglutaminase 2 (TG2), by ELISA, along with positive IgA endomysial antibodies by indirect immunofluorescence which correlate with disease activity. Patients with dermatitis herpetiformis can have an antibody profile specific for eTG/TG3 with higher avidity than to tTG/TG2; however, a normal IgA eTG/TG3 antibody level does not rule out the diagnosis of dermatitis herpetiformis.

TESTING METHODS

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Chart continues on following page(s)

[redacted]
PCP: Unspecified

Enzyme-Linked Immunosorbent Assay (ELISA)

IgA epidermal transglutaminase (eTG), also known as transglutaminase 3 (TG3), antibody level in serum determined by ELISA (ALPCO Immunoassays). The performance characteristics of this ELISA testing were determined by the Immunodermatology Laboratory at the University of Utah. The testing has not been cleared or approved by the FDA (US Food and Drug Administration). FDA clearance or approval currently is not required for this testing performed in a CLIA-certified laboratory (Clinical Laboratory Improvement Amendments) and intended for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. [One ELISA]

Electronically signed by [redacted], MD, on 06/22/22 at 12:02 PM.

Resulting Laboratory

IMMUNODERMATOLOGY LABORATORY 801-581-7139
University of Utah
417 S. Wakara Way, Suite 2151
Salt Lake City, UT 84108
Director: [redacted], MD

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