

TEST CHANGE

Anti-Phospholipase A2 Receptor (PLA2R) Antibody, IgG by ELISA 3016767, ANTI-PLA2R

Specimen Requirements:

Patient Preparation: Separate serum from cells ASAP or within 2 hours of collection.

Effective Date: July 21, 2025

Collect: Serum separator tube.

Specimen Preparation: Transfer 1 mL serum to an ARUP standard transport tube. (Min:

0.5 mL)

Transport Temperature: Refrigerated.

Unacceptable Conditions: Contaminated, heat-inactivated, grossly hemolyzed, grossly

icteric, or grossly lipemic specimens.

Remarks:

Stability: After separation from cells: Ambient: 48 hours; Refrigerated: 2

weeks; Frozen: 2 weeks

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay

(ELISA)

Performed: Wed, Fri Mon, Thu

Reported: 1-7 days

Note:

CPT Codes: 83516

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

A positive anti-phospholipase A2 receptor (PLA2R) antibody result by ELISA or IFA in conjunction with clinical symptoms and other laboratory findings is suggestive of primary membranous nephropathy (pMN). Absence of circulating anti-PLA2R receptor autoantibodies does not rule out a diagnosis of pMN. Anti-PLA2R antibody titers, due to its high predictive value, can be useful for assessing disease severity and monitoring clinical remission. In patients with pMN undergoing treatment, low antibody titers are associated with disease remission and high titers indicate loss of kidney function and need for an aggressive therapeutic approach.

Component Interpretive Data

Anti- Negative: Less
Phospholipase A2 than 14 RU/mL

Receptor, IgG

than 14 RU/mL Borderline: 14-19

RU/mL Positive: Greater than or



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equal to 20 RU/mL

Reference Interval:

Test Number	•	Reference Interval
	Anti-Phospholipase A2 Receptor, IgG	< 14 RU/mL