NEW TEST

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Tissue Transglutaminase Antibody, IgA With Reflex to Endomysial Antibody, IgA by IFA

3016861, EMA RFLX

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Contaminated, grossly hemolyzed, grossly icteric, or grossly lipemic.
Remarks:	
Stability:	After separation from cells: Ambient: 48 hours; Refrigerated: 1 week; Frozen: 15 days (avoid freeze/thaw cycles)
Methodology:	Semi-Quantitative Particle-Based Multianalyte Technology (PMAT)/Semi-Quantitative Indirect Fluorescent Antibody (IFA)
Performed:	Sun-Sat
Reported:	1-4 days
Note:	Testing for tTG IgA antibodies is recommended as an initial screen to identify patients at risk for celiac disease, and in whom duodenal biopsy should be performed to confirm disease. Some patients may have positive tTG IgA but negative EMA IgA and/or deamidated gliadin peptide (DGP) IgA results, which may be associated with false positivity or may indicate early disease. Close clinical correlation with continued testing may be indicated in patients with a family history of or who are at increased risk for celiac disease. A positive serology but normal biopsy may also indicate a gluten-free diet (GFD) prior to testing, latent disease, or early enteropathy. Rechallenge with a gluten diet may be recommended if GFD had been initiated prior to subsequent testing. In the case of latent or early disease, HLA DQ2 and DQ8 testing may be necessary to determine risk for disease. For patients with a high degree of suspicion for celiac disease and who test negative for tTG, EMA, and/or DGP IgA tests, selective IgA-

	deficiency should be considered and testing for tTG, EMA, and/or DGP IgG antibodies performed. If serology is negative and suspicion of celiac disease is strong, intestinal biopsy may be warranted. Biopsy is particularly important for patients with diarrhea, steatorrhea, weight loss, failure to thrive, or with inherited genetic deficiencies such as Down or Turner syndromes. Specimen is screened using tissue transglutaminase IgA by ELISA. If tTG IgA is 5.00 FLU or greater, then EMA IgA by IFA testing will be added. Additional charges apply. All EMA IgA by IFA testing is titered to endpoint.
CPT Codes:	86364; if reflexed, add 86231
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Tissue Transglutaminase Antibody, IgA: Presence of the tissue transglutaminase (tTG) IgA antibody is associated with gluten-sensitive enteropathies such as celiac disease and dermatitis herpetiformis. Individuals with positive results should be confirmed with small intestinal biopsy to establish celiac disease diagnosis. tTG IgA antibody concentrations greater than 50 FLU exhibits higher correlation with results of duodenal biopsies consistent with celiac disease. For antibody concentrations greater than or equal to 5 FLU but less than 10 FLU, additional testing for endomysial (EMA) IgA concentrations may improve the positive predictive value for disease. A decrease in tTG IgA antibody concentration after initiation of a gluten-free diet may indicate a response to therapy.

Reference Interval:

Test Number	Components	Reference Interval
	Tissue Transglutaminase (tTG) Ab, IgA	0.00 - 4.99 FLU

HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.