Lab Dept:	Serology
Test Name:	GLIADIN, DEAMIDATED, ANTIBODIES (IgG & IgA)
General Information	
Lab Order Codes:	DGP
Synonyms:	Deamidated Gliadin Antibodies, IgA and IgG, serum; Antigliadin Antibodies; Antigliadin Ab
CPT Codes:	83516 x2 – Immunoassay, analyte, qualitative; multiple step method
Test Includes:	Deamidated Gliadin Antibodies: IgG, IgA levels reported in EliA U/mL
Logistics	
Test Indications:	Evaluating patients suspected of having celiac disease, including patients with symptoms compatible with celiac disease, patients with atypical symptoms, and individuals at increased risk of celiac disease
	Monitoring compliance for a gluten-free diet.
Lab Testing Sections:	Chemistry – Minneapolis Campus only
Phone Numbers:	MIN Lab: 612-813-6280
	STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	1 - 4 days, test performed Monday - Friday
Special Instructions:	N/A
Specimen	
Specimen Type:	Blood
Container:	Red, marble or gold top tube
Draw Volume:	1.5 mL (Minimum: 0.9 mL) blood
Processed Volume:	0.5 mL (Minimum: 0.3 mL) serum
Collection:	Routine venipuncture

Special Processing:	Lab Staff: Centrifuge specimen, remove serum aliquot into a screw-top plastic vial. Store at refrigerated temperatures. Freeze at or below -20°C if not tested within 48 hours.
	Specimen stability: Room temp: 8 hours, Refrigerated: 48 hours
Patient Preparation:	None
Sample Rejection:	Mislabeled or unlabeled specimens; heparinized plasma

Interpretive

incorpretive			
Reference Range:	Deamidated Gliadin IgA (AGP) Antibodies (all ages)		
	<7 EliA U/mL	Negative	
	7 – 10 EliA U/mL	Equivocal	
	>10 EliA U/mL	Positive	
	Deamidated Gliadin IgG (GGP) Antibodies (all ages)		
	<7 EliA U/mL	Negative	
	7 – 10 EliA U/mL	Equivocal	
	>10 EliA U/mL	Positive	
	Interpretation: AGP >10 EliA U/mL or AGP and GGP >10 EliA U/mL and patient <7 years: Possible Celiac disease, recommend HLA, EMA or biopsy		
Critical Values:	N/A		
Limitations:	N/A		
Methodology:	Fluoroenzyme immunoassay		
References:	Phadia AB EliA Directions for Use (August 2010)		
		olume 24 Number 38): Procedures for the f Blood Specimens; Approved Guidelines –	
	Jacobs & DeMott Laborato Hudson, OH, 5th Edition, 2	ry Test Handbook (2001) Lexi-Comp, Inc, 001	

		11/2/2009: Testing moved from MML to testing internally at Children's 5/15/2013: Move from Gliadin IgA/IgG to Deamidated Gliadin IgA/IgG. See updated reference ranges.
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