**Lab Dept:** Chemistry

**Test Name:** THYROGLOBULIN ANTIBODY

### General Information

**Lab Order Codes:** ATAB

**Synonyms:** Thyroglobulin Antibody Screen; Anti-Tg

**CPT Codes:** 86800 – Thyroglobulin antibody screen

**Test Includes:** Anti-thyroglobulin antibody reported in IU/mL.

### Logistics

**Test Indications:** To aid in the diagnosis of autoimmune thyroid disease. Anti-Tg is found in conjunction with Anti-TPO in the majority of cases of Hashimoto’s thyroiditis, Primary aby edema and Grave’s disease; up to 1% of cases of hypothyroidism are associated with Anti-Tg alone.

For follow-up of patients with differentiated thyroid cancers after thyroidectomy and ablation, as as an aid in determining the presence of thyroid metastasis to lymph nodes, please order test TG/Thyroglobulin Tumor Marker to be sent to Mayo Medical Laboratories.

**Lab Testing Sections:** Chemistry – Performed on Minneapolis Campus

**Phone Numbers:**

- MIN Lab: 612-813-6280
- STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 – 6 hours

**Special Instructions:** When serial specimens are being evaluated, the same type of specimen should be used throughout the study.

### Specimen

**Specimen Type:** Blood

**Container:** SST (Gold, marble or red)
Alternate: Green (LiHep or NaHep), Lavender (EDTA)

**Draw Volume:** 1.2 mL (Minimum: 0.5 mL) blood
**Processed Volume:** 0.4 mL (Minimum: 0.2 mL) serum

**Collection:** Routine blood collection

**Special Processing:** Lab Staff: Centrifuge specimen, remove serum aliquot into a screw-capped round bottom plastic vial within 8 hours of draw. Store and ship at refrigerated temperatures. Forward promptly.

**Patient Preparation:** None

**Sample Rejection:** Mislabeled or unlabeled specimens

### Interpretive

**Reference Range:** 0 – 19 yrs: <12.6 IU/mL

**Critical Values:** N/A

**Limitations:** Low levels of anti-Tg are also found in up to 20% of asymptomatic individual, particularly the elderly, and more often in women than men, although the clinical significance of these autoantibodies is unclear.

Anit-Tg values determined by different methodologies might vary significantly and cannot be directly compared with one another. Some patients might show to be antibody-positive by some methods and antibody-negative by others. Comparing anti-Tg antibody values from different methods might lead to erroneous clinical interpretation.

Tg concentrations >2,000 mg/mL may lead to falsely elevated anti-Tg concentrations.

**Methodology:** Chemiluminescent Microparticle Immunoassay


[Mayo Medical Laboratories](https://www.mayoclinic.org) May 2018

**Updates:** 5/15/2018: New method-in house test. Tumor Marker testing still sent to Mayo Medical Laboratories.