
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 myxedema 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 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: Performed daily

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: 0.6 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

References: CALIPER Pediatric Reference Range Study, Accessed 4/20/2018.

[Mayo Medical Laboratories](#) May 2018

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