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**Lab Dept:** Serology

**Test Name:** CELIAC GENETICS

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***General Information***

**Lab Order Codes:** CELG

**Synonyms:** Pro Genologix Celiac Genetics; HLA-DQ2/DQ8

**CPT Codes:** 83891 – Isolation or extraction of highly purified nucleic acid  
83894 x10 – Separation by gel electrophoresis  
83898 x10 – Amplification of patient nucleic acid, single primer pair, each

**Test Includes:** HLA DQ2 and HLA DQ8

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***Logistics***

**Test Indications:** Helps to rule-out of celiac disease when no antibodies are detected. Identifies patients with HLA-DQ2/DQ8, human leukocyte antigens associated with celiac disease.

**Lab Testing Sections:** Serology – Sendouts

**Referred to:** Prometheus Laboratories, Inc.

**Phone Numbers:**

Minneapolis: 612-813-6280

Saint Paul: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 4 days

**Special Instructions:** N/A

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***Specimen***

**Specimen Type:** Whole blood

**Container:** Lavender top (EDTA) tube

**Draw Volume:** 5.0 mL blood

<b>Processed Volume:</b>	Same as Draw Volume
<b>Collection:</b>	Routine venipuncture, mix by gentle inversion
<b>Special Processing:</b>	<p>Lab Staff: <b>Do Not</b> centrifuge. <b>Do Not</b> freeze EDTA whole blood. Cold pack accepted but not required.</p> <ol style="list-style-type: none"> <li>1. Complete all parts of the Prometheus Test Requisition Form and keep the appropriate copy for your files.</li> <li>2. Freeze the cold pack included in the Coolant Equipped Transportation Kit (lay flat to freeze). <b>DO NOT FREEZE THE SAMPLE.</b></li> <li>3. Please use a Lavender top (EDTA) vacutainer tube. Invert 2-3 times to mix whole blood well in the tube to prevent clotting of the sample.</li> <li>4. Label blood specimen with the patient's name, collection date and date of birth, or social security number. Unlabeled specimens will not be tested.</li> <li>5. Place the labeled tube into the zip lock bag with the DriMop. Seal the bag and place in the tube compartment.</li> <li>6. Place the frozen cold pack in the large compartment.</li> <li>7. Fold and insert the Prometheus Copy of the Test Requisition Form and billing information in the remaining compartment.</li> <li>8. Replace the lid. Close outer box flap.</li> <li>9. Place the specimen Kit box into the shipping bag and seal.</li> <li>10. Complete the return address information on the pre-printed Airborne Airbill and adhere the label to the specified location on the Airborne Bag.</li> <li>11. Call Airborne Express at (800) 247-2676 for pick-up.</li> </ol>
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Unlabeled specimen

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***Interpretive***

<b>Reference Range:</b>	Not detected
<b>Critical Values:</b>	N/A
<b>Limitations:</b>	N/A
<b>Methodology:</b>	Isolation/Extraction, Electrophoresis, Amplification
<b>Contraindications:</b>	N/A

**References:**

Prometheus Laboratory web page: <http://www.prometheuslabs.com> July 2004