
Lab Dept: Serology

Test Name: IBD SEROLOGY PANEL

General Information

Lab Order Codes: IBDS

Synonyms: Crohn's Disease; Neutrophil specific Ab; Inflammatory Bowel Disease Serology; Inflammatory Bowel Disease Panel; Ulcerative Colitis

CPT Codes: 86671 x2 – Antibody, fungus, not elsewhere specified
86255 – Fluorescent noninfectious agent Ab; screen, each Ab

Test Includes: Saccharomyces cerevisiae IgG Ab, Saccharomyces cerevisiae IgA Ab, Cytoplasmic neutrophilic IBD Ab and Interpretation of findings

Logistics

Test Indications: Distinguishing between ulcerative colitis and Crohn disease in patients for whom the specific diagnosis is unclear based on endoscope, pathologic, and imaging evaluations.

This test is not useful for determining the extent of disease in patients with inflammatory bowel disease or determining the response to disease specific therapy including surgical resection of diseased intestine.

Lab Testing Sections: Serology - Sendouts

Referred to: Mayo Clinic Laboratories (MML test: IBDP2)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 1 - 4 days

Special Instructions: N/A

Specimen

Specimen Type: Blood

Container: SST (Gold, marble or red) tube
Alternate: Red No Gel

Draw Volume:	Minimum: 3 (Minimum: 2.4) mL blood
Processed Volume:	Minimum: 1 (Minimum: 0.8) mL serum
Collection:	Routine venipuncture
Special Processing:	Lab Staff: Centrifuge specimen, remove serum aliquot into a screw-capped round bottom plastic vial. Store and ship at refrigerated temperatures. Forward promptly.
Patient Preparation:	None
Sample Rejection:	Mislabeled or unlabeled specimens; contaminated; heat-inactivated; hemolyzed, or severely lipemic specimens

Interpretive

Reference Range:

Assay	Reference Range (RU/mL)
ASCA IgA	Negative: <20.0 RU/mL
	Positive: > or =20.0 RU/mL
ASCA IgG	Negative: <20.0 RU/mL
	Positive: > or =20.0 RU/mL
NSA	Negative (not detectable)

Interpretation:

The presence of antineutrophil cytoplasmic antibodies (ANCA) in the absence of IgA and IgG anti-Saccharomyces cerevisiae antibodies (ASCA) is consistent with the diagnosis of ulcerative colitis (UC); the presence of IgA and IgG ASCA in the absence of ANCA is consistent with Crohn disease (CD)

Limitations:

Results from this test should not be exclusively relied upon to establish the diagnosis of UC or CD or to distinguish between these 2 diseases. Some patients with CD have detectable NSA, and some patients with UC have elevated levels of IgA and/or IgG ASCA.

ANCA results may be reported as indeterminate if interfering antinuclear antibodies (ANA) are present.

Methodology:

SCERA, SCERG: Enzyme-Linked Immunosorbent Assay (ELISA)
ANCA2: Indirect Immunofluorescent Assay (IFA)

References:

[Mayo Clinic Laboratories](#) September 2021

Updates:

12/21/2017: CPT update, collection container update.

12/17/2018: Updated collection and processed specimen volume

4/6/2020: Testing moved from Mayo to ARUP

9/9/2021: Testing moved from ARUP to Mayo