

## Overview

### Method Name

RIPA Gel Radiography

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Specimen Required

**Collection Container/Tube:** 6 mL Red**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Acceptable:** SST**Collection Instructions:** Draw blood in a plain red-top tube(s), serum gel tube is acceptable. Separate serum from cells within 1 hour of collection and send 1 mL of serum refrigerated in a plastic vial.

### Specimen Minimum Volume

0.3 mL (volume does NOT allow for repeat testing)

### Reject Due To

|                  |  |
|------------------|--|
| Gross hemolysis: | Reject   |
| Thawing:         | Warm OK; Cold OK                                   |
| Gross lipemia:   | Reject   |
| Gross icterus    | Reject   |
| Other:           | Anything other than serum; bacterial contamination |

### Specimen Stability Information

| Specimen Type | Temperature              | Time    | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum         | Refrigerated (preferred) | 14 days |                   |
|               | Frozen                   | 60 days |                   |
|               | Ambient                  | 7 days  |                   |

## Clinical & Interpretive

### Clinical Information

Anti-Mi-2 antibodies are found in 10-20% of adult dermatomyositis (DM) and <10% of JDM. They are associated with classic DM features: mild to moderate weakness with shawl rash, heliotrope rash, V-sign, Gottron's papules and have good response to therapy, with lower incidence of cancer compared to Mi-2 negative DM.

### Reference Values

Negative

## Performance

### PDF Report

No

### Day(s) Performed

Daily

### Report Available

25 days

### Performing Laboratory Location

Esoterix Endocrinology

## Fees & Codes

### Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

### Test Classification

This test was developed and its performance characteristics validated by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

### CPT Code Information

83516

### LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|-----------------|--------------------|
|---------|-----------------|--------------------|

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|       |              |         |
|-------|--------------|---------|
| FFMI2 | Anti-Mi-2 Ab | 18485-3 |
|-------|--------------|---------|

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|------------------|---------------------|
| FFMI2     | Anti-Mi-2 Ab     | 18485-3             |