

Overview

Method Name

Enzyme-linked immunosorbent assay (ELISA); RIPA Gel Radiography

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Collection Container/Tube: 10 mL Red

Submission Container/Tube: Plastic vial

Specimen Volume: 5 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 5 mL of serum refrigerated in a plastic vial.

Specimen Minimum Volume

4 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	
	Ambient	7 days	
	Frozen	60 days	

Clinical & Interpretive

Clinical Information

The MyoMarker Panel 3 Plus can be used to assist in the diagnosis of dermatomyositis, polymyositis and the anti-synthetase syndrome. Furthermore, it allows characterization of various subsets of these disorders and offers prognostic information.

Reference Values

Anti-PL-7 Ab, Anti-PL-12 Ab, Anti-EJ Ab, Anti-OJ Ab, Anti-SRP Ab, Anti-Mi-2-Ab, Anti-U3 RNP (Fibrillarin), Anti-U2 RNP Ab, Anti-Ku Ab:

Reference Range: Negative

Interpretation for:

Anti-Jo-1 Ab, Anti-TIF-1gamma Ab, Anti-MDA-5-Ab (CADM-140), Anti-NXP-2 (P140) Ab, Anti-SAE1 Ab IgG, Anti-PM/Scl-100 Ab, Anti-SS-A 52kD Ab IgG, Anti-U1-RNP Ab:

Reference Range: <20

Negative: <20 units

Weak Positive: 20-39 units

Moderate Positive: 40-80 units

Strong Positive:>80 units

Performance

PDF Report

No

Day(s) Performed

Batched weekly

Report Available

16-25 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 determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

CPT Code Information

83516 x 10

86235 x 7

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FMMPP	MyoMarker 3 Plus Profile	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z5693	Anti-Jo-1 Ab	35333-4
Z5694	Anti-PL-7 Ab	33772-5
Z5695	Anti-PL-12 Ab	33771-7
Z5696	Anti-EJ Ab	45149-2
Z5697	Anti-OJ Ab	45152-6
Z5698	Anti-SRP Ab	33921-8
Z5699	Anti-Mi-2-Ab	18485-3
Z5700	Anti-U3 RNP (Fibrillarin)	49963-2
Z5701	Anti-MDA-5 Ab (CADM-140)	88725-7
Z5702	Anti-NXP-2 (P140) Ab	82425-0
Z5703	Anti-TIF-1gamma Ab	88739-8
Z5704	Anti-PM/Scl-100 Ab	31562-2
Z5705	Anti-U2 RNP Ab	68549-5
Z5706	Anti-U1 RNP Ab	57662-9
Z5707	Anti-Ku Ab	18484-6
Z5708	Anti-SS-A 52kD Ab, IgG	70257-1
Z5709	Anti-SAE1 Ab, IgG	101220-2