

# **Test Definition: FAT1G**

Anti-TIF-1gamma Antibody

# Overview

#### Method Name

Enzyme-linked immunosorbent assay (ELISA)

#### NY State Available

Yes

Specimen

Specimen Type Serum

#### **Specimen Required**

Collection Container/Tube: 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. Spin down 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	Reject
hemolysis:	
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	Ambient	7 days	
	Refrigerated (preferred)	14 days	
	Frozen	60 days	



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# **Clinical & Interpretive**

# **Clinical Information**

Anti-TIF-1(P155) antibodies are present in 15-38% of adult DM and 20-30% in JDM. Highly associated with malignancy which is found in 50-75% of positive adult patients; 89% specificity and 78% sensitivity for diagnosing cancer associated DM; no cancer association in children.

### **Reference Values**

Reference Range: <20

Interpretation: Negative: <20 units Weak Positive: 20 - 39 units Moderate Positive: 40 - 80 units Strong Positive: >80 units

## Performance

PDF Report

Day(s) Performed Monday through Friday

**Report Available** 9 to 14 days

Performing Laboratory Location

Esoterix Endocrinology

# Fees & Codes

#### Fees

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

### **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**

86235

# LOINC<sup>®</sup> Information

Test ID	Test Order Name	Order LOINC <sup>®</sup> Value
FAT1G	Anti-TIF-1gamma Ab	Not Provided
Result ID	Test Result Name	Result LOINC <sup>®</sup> Value
FAT1G	Anti-TIF-1gamma Ab	96501-2