



Immunology

BILL TO:

- MY ACCOUNT
- PATIENT
- MEDICARE
- RAILROAD MEDICARE
- MEDICAID
- Lab Card/Select
- OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

DATE OF BIRTH M M D D YEAR

SEX

PATIENT SOCIAL SECURITY #

OFFICE / PATIENT ID #

ROOM #

LAB REFERENCE #

PATIENT PHONE #

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY

STATE

ZIP

MEDICARE NUMBER

SUFFIX

PRIMARY INSURANCE

MEDICAID¹ NUMBER

STATE

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER / INSURED ID #

GROUP #

INSURANCE ADDRESS

CITY

STATE

ZIP

EMPLOYER NAME/EMPLOYER #

INSURED SOCIAL SECURITY # (if not patient)

Medicare Limited Coverage Tests

- @ = May not be covered for the reported diagnosis.
- F = Has prescribed frequency rules for coverage.
- & = A test or service performed with research/experimental kit.
- B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

ICD Codes (enter all that apply)

ACCOUNT #:

NAME:

ADDRESS:
CITY, STATE, ZIP

TELEPHONE #:

DATE COLLECTED	TIME	<input type="checkbox"/> AM	TOTAL VOL./HRS.	<input type="checkbox"/> Fasting
	:	<input type="checkbox"/> PM	ML HR	<input type="checkbox"/> Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

<input type="checkbox"/> ADD'L PHYS.: Dr.	NPI/UPIN
NON-PHYSICIAN PROVIDER:	NAME I.D.#

Fax Results to: ()

Send Client # OR NAME: _____

Duplicate ADDRESS: _____

Report to: CITY: _____ STATE _____ ZIP _____

AUTOIMMUNE AND ASSOCIATED GASTROINTESTINAL DISEASE	
19955	<input type="checkbox"/> Celiac Disease Comprehensive Panel S
15981	<input type="checkbox"/> Celiac Disease Comprehensive Panel, Infant S
8821	<input type="checkbox"/> Tissue Transglutaminase Antibody (IgA) S
11070	<input type="checkbox"/> Tissue Transglutaminase Antibody (IgG) S
15064	<input type="checkbox"/> Endomysial Antibody Screen (IgA) with Reflex to Titer S
8889	<input type="checkbox"/> Gliadin (Deamidated Peptide) Antibody (IgG, IgA) S
11228	<input type="checkbox"/> Gliadin (Deamidated Peptide) Antibody (IgA) S
11212	<input type="checkbox"/> Gliadin (Deamidated Peptide) Antibody (IgG) S
17135	<input type="checkbox"/> HLA Typing for Celiac Disease L,Y
16796	<input type="checkbox"/> Calprotectin, Stool S
16503	<input type="checkbox"/> Inflammatory Bowel Disease Differentiation Panel S
70171	<input type="checkbox"/> ANCA Screen w/Reflex to ANCA Titer S
8796	<input type="checkbox"/> Myeloperoxidase Antibody S
34151	<input type="checkbox"/> Proteinase-3 Antibody S
90637	<input type="checkbox"/> Ribosomal P Antibody, CSF S
10295	<input type="checkbox"/> Saccharomyces cerevisiae Antibody (ASCA) (IgA) S
10294	<input type="checkbox"/> Saccharomyces cerevisiae Antibody (ASCA) (IgG) S
19873	<input type="checkbox"/> Autoimmune Hepatitis Diagnostic Panel S
249	<input type="checkbox"/> ANA Screen [®] , IFA w/Reflex to Titer & Pattern, IFA S
259	<input type="checkbox"/> Mitochondrial Antibody with Reflex to Titer, IFA S
15043	<input type="checkbox"/> Smooth Muscle Antibody (IgG) S
15038	<input type="checkbox"/> Liver Kidney Microsome (LKM-1) Antibody (IgG) S
19876	<input type="checkbox"/> Primary Biliary Cirrhosis Diagnostic Panel, Comprehensive S
38568	<input type="checkbox"/> Sjögren's Antibody (SS-A) S
38569	<input type="checkbox"/> Sjögren's Antibody (SS-B) S
15114	<input type="checkbox"/> Parietal Cell Antibody, ELISA S
568	<input type="checkbox"/> Intrinsic Factor Blocking Antibody S

DRUG SAFETY AND MONITORING	
19453	<input type="checkbox"/> Quantiferon [®] -TB Gold Δ
34181	<input type="checkbox"/> Hepatitis B Virus DNA, Qualitative, Real-Time PCR L
498	<input type="checkbox"/> Hepatitis B Surface Antigen with Reflex to Confirmation S
499	<input type="checkbox"/> Hepatitis B Surface Antibody, Qualitative S
35645	<input type="checkbox"/> Hepatitis C RNA Quantitative PCR FP
37273	<input type="checkbox"/> Hepatitis C Viral RNA, Qualitative TMA Δ
91438	<input type="checkbox"/> Hepatitis C Antibody with Reflex to HCV RNA, Quantitative Real-Time PCR S
37742	<input type="checkbox"/> TPMT Genotype L

AUTOIMMUNE ENDOCRINE DISEASES	
267	<input type="checkbox"/> Thyroglobulin Antibody SST
5081	<input type="checkbox"/> Thyroid Peroxidase Antibody (Anti-TPO) SST
4645	<input type="checkbox"/> Adrenal Antibody Screen with Reflex to Titer S
37916	<input type="checkbox"/> 21-Hydroxylase Antibody S
899	<input type="checkbox"/> TSH S
35167	<input type="checkbox"/> T4, Free, Direct Dialysis S

COMPLEMENT ACTIVATION AND DEFICIENCY DISEASES	
618	<input type="checkbox"/> Complement, Total (CH50) FS
15963	<input type="checkbox"/> Angioedema Profile, Acquired FS
297	<input type="checkbox"/> C1 Inhibitor, Functional SR
298	<input type="checkbox"/> C1 Esterase Inhibitor, Protein S
981	<input type="checkbox"/> Complement Component C1q SR
433	<input type="checkbox"/> Complement Component C2 S
351	<input type="checkbox"/> Complement Component C3 S
17689	<input type="checkbox"/> C3a desArg Fragment FPL
353	<input type="checkbox"/> Complement Component C4 S
4943	<input type="checkbox"/> C4d Fragment, EIA FPL
354	<input type="checkbox"/> Complement Component C5 S
464	<input type="checkbox"/> Complement Component C6 S
34888	<input type="checkbox"/> Complement Component C7 S
34889	<input type="checkbox"/> Complement Component C8 S
34896	<input type="checkbox"/> Complement Component C9 S
16039	<input type="checkbox"/> Mannose Binding Lectin (MBL) S
300	<input type="checkbox"/> Properdin Factor B FS

LYMPHOPROLIFERATIVE DISORDERS	
747	<input type="checkbox"/> Protein Electrophoresis (SPEP) S
750	<input type="checkbox"/> Protein Electrophoresis (UPEP, 24 hr) U
8525	<input type="checkbox"/> Protein Electrophoresis (UPEP, Random) U
549	<input type="checkbox"/> Immunofixation (IFE), Serum S
213	<input type="checkbox"/> Immunofixation (IFE), Urine U

LYMPHOPROLIFERATIVE DISORDERS (cont.)	
11234	<input type="checkbox"/> Kappa/Lambda Light Chains, Free with Ratio S
918	<input type="checkbox"/> Viscosity, Serum S

HUMORAL IMMUNITY	
7083	<input type="checkbox"/> Immunoglobulin Profile S
539	<input type="checkbox"/> IgA S
34188	<input type="checkbox"/> IgA Subclasses S
545	<input type="checkbox"/> IgM S
543	<input type="checkbox"/> IgG S
7903	<input type="checkbox"/> IgG Subclasses Panel S
5425	<input type="checkbox"/> IgG Subclass 1 S
5426	<input type="checkbox"/> IgG Subclass 2 S
5427	<input type="checkbox"/> IgG Subclass 3 S
5428	<input type="checkbox"/> IgG Subclass 4 S
542	<input type="checkbox"/> IgE S

CYTOKINES	
1757	<input type="checkbox"/> Interleukin-1 Beta SR
34161	<input type="checkbox"/> Interleukin 2 (IL-2) FS
34298	<input type="checkbox"/> Interleukin-2 Receptor, EIA FS
34473	<input type="checkbox"/> Interleukin-6, Highly Sensitive ELISA L
34485	<input type="checkbox"/> Tumor Necrosis Factor-Alpha, Highly Sensitive Δ

OTHER TESTS	
457	<input type="checkbox"/> Ferritin SST
528	<input type="checkbox"/> HLA-B27 Antigen WBG
16838	<input type="checkbox"/> Histamine Release (Chronic Urticaria) SR
18877	<input type="checkbox"/> IgE Antibody (Anti-IgE IgG) SR
11362	<input type="checkbox"/> Neisseria Gonorrhoeae RNA, TMA Δ

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE. REFER TO DIRECTORY OF SERVICES.)

Δ Please visit QuestDiagnostics.com/Test Center

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

¹ Physician Signature (Required for PA, NY, NJ & WV)**For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.**

Specimen Key:

B = Blue top tube	HB = Human breath
BX = Unopened Barrier tube	L = Lavender top tube
FBP = Frozen Plasma Blue top tube	PLB = Plasma Light Blue tube
FP = Frozen Plasma	S = Serum
FPL = Frozen Plasma Lavender top tube	SR = Serum from a Red top tube
FPLB = Frozen Plasma Light Blue tube	SST = Spun Barrier tube
FS = Frozen Serum	TN = Tan top tube (EDTA)
GN = Green top tube (Sodium Heparin)	WBG = Whole blood Green top tube
GY = Gray top tube	Y = Yellow top tube

19955 Celiac Disease Comprehensive Panel	15981 Celiac Disease Comprehensive Panel, Infant	16503 Inflammatory Bowel Disease	19873 Autoimmune Hepatitis Diagnostic Panel	19876 Primary Biliary Cirrhosis Diagnostic Panel, Comprehensive	15963 Angioedema Panel, Acquired	7083 Immunoglobulins Panel, Serum	7903 IgG Subclasses Panel
8821 - Tissue Transglutaminase Antibody (IgA)	8821 - Tissue Transglutaminase Antibody (IgA)	70171 - ANCA Screen® w/Reflex to ANCA Titer	15043 - Smooth Muscle Ab (IgG)	15043 - Smooth Muscle Ab (IgG)	297 - C1 Inhibitor, Functional	543 - IgG	5425 - Subclass 1
539 - IgA	11228 - Gliadin IgA	8796 - Myeloperoxidase Antibody	249 - ANA Screen®, IFA w/Reflex to Titer & Pattern, IFA	249 - ANA Screen®, IFA w/Reflex to Titer & Pattern, IFA	298 - C1 Inhibitor, Protein	539 - IgA	5426 - Subclass 2
11070 - Tissue Transglutaminase Antibody (IgG)	539 - IgA	10295 - ASCA (IgA)	15038 - Liver Kidney Microsome (LKM-1) Antibody (IgG)	15038 - Liver Kidney Microsome (LKM-1) Antibody (IgG)	981 - C1q Complement Component	545 - IgM	5427 - Subclass 3
15064 - Endomysial Antibody Screen (IgA) w/Reflex to Titer	11070 - Tissue Transglutaminase Antibody (IgG)	10294 - ASCA (IgG)	259 - Mitochondrial Antibody w/Reflex to Titer, IFA	259 - Mitochondrial Antibody w/Reflex to Titer, IFA			5428 - Subclass 4
	15064 - Endomysial Antibody Screen (IgA) w/Reflex to Titer	34151 - Proteinase-3 Antibody		38568 - Sjögren's Antibody (SS-A)			543 - IgG
				38569 - Sjögren's Antibody (SS-B)			
				5081 - Thyroid Peroxidase Antibody			



Patients: Minimize your wait time by scheduling an appointment at a convenient Patient Service Center.

To find a location and make an appointment visit us at QuestDiagnostics.com/appointment or call 888-277-8772 or simply download our mobile app. at QuestDiagnostics.com/mobile



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PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY

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MEDICARE NUMBER

SUFFIX

PRIMARY INSURANCE

MEDICAID NUMBER

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER / INSURED ID #

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INSURANCE ADDRESS

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EMPLOYER NAME/EMPLOYER #

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Provide signed ABN when necessary

ICD Codes (enter all that apply)

ACCOUNT #:

NAME:

ADDRESS:
CITY, STATE, ZIP

TELEPHONE #:

DATE COLLECTED	TIME	<input type="checkbox"/> AM	TOTAL VOL./HRS.	<input type="checkbox"/> Fasting
	:	<input type="checkbox"/> PM	ML HR	<input type="checkbox"/> Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

<input type="checkbox"/> ADD'L PHYS.: Dr.	NPI/UPIN
NON-PHYSICIAN PROVIDER:	NAME I.D.#

Fax Results to: ()

Send Client # OR NAME: _____

Duplicate Report to: ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

AUTOIMMUNE AND ASSOCIATED GASTROINTESTINAL DISEASE	
19955	<input type="checkbox"/> Celiac Disease Comprehensive Panel S
15981	<input type="checkbox"/> Celiac Disease Comprehensive Panel, Infant S
8821	<input type="checkbox"/> Tissue Transglutaminase Antibody (IgA) S
11070	<input type="checkbox"/> Tissue Transglutaminase Antibody (IgG) S
15064	<input type="checkbox"/> Endomysial Antibody Screen (IgA) with Reflex to Titer S
8889	<input type="checkbox"/> Gliadin (Deamidated Peptide) Antibody (IgG, IgA) S
11228	<input type="checkbox"/> Gliadin (Deamidated Peptide) Antibody (IgA) S
11212	<input type="checkbox"/> Gliadin (Deamidated Peptide) Antibody (IgG) S
17135	<input type="checkbox"/> HLA Typing for Celiac Disease L,Y
16796	<input type="checkbox"/> Calprotectin, Stool S
16503	<input type="checkbox"/> Inflammatory Bowel Disease Differentiation Panel S
70171	<input type="checkbox"/> ANCA Screen w/Reflex to ANCA Titer S
8796	<input type="checkbox"/> Myeloperoxidase Antibody S
34151	<input type="checkbox"/> Proteinase-3 Antibody S
90637	<input type="checkbox"/> Ribosomal P Antibody, CSF S
10295	<input type="checkbox"/> Saccharomyces cerevisiae Antibody (ASCA) (IgA) S
10294	<input type="checkbox"/> Saccharomyces cerevisiae Antibody (ASCA) (IgG) S
19873	<input type="checkbox"/> Autoimmune Hepatitis Diagnostic Panel S
249	<input type="checkbox"/> ANA Screen®, IFA w/Reflex to Titer & Pattern, IFA S
259	<input type="checkbox"/> Mitochondrial Antibody with Reflex to Titer, IFA S
15043	<input type="checkbox"/> Smooth Muscle Antibody (IgG) S
15038	<input type="checkbox"/> Liver Kidney Microsome (LKM-1) Antibody (IgG) S
19876	<input type="checkbox"/> Primary Biliary Cirrhosis Diagnostic Panel, Comprehensive S
38568	<input type="checkbox"/> Sjögren's Antibody (SS-A) S
38569	<input type="checkbox"/> Sjögren's Antibody (SS-B) S
15114	<input type="checkbox"/> Parietal Cell Antibody, ELISA S
568	<input type="checkbox"/> Intrinsic Factor Blocking Antibody S

DRUG SAFETY AND MONITORING	
19453	<input type="checkbox"/> Quantiferon®-TB Gold Δ
34181	<input type="checkbox"/> Hepatitis B Virus DNA, Qualitative, Real-Time PCR L
498	<input type="checkbox"/> Hepatitis B Surface Antigen with Reflex to Confirmation S
499	<input type="checkbox"/> Hepatitis B Surface Antibody, Qualitative S
35645	<input type="checkbox"/> Hepatitis C RNA Quantitative PCR FP
37273	<input type="checkbox"/> Hepatitis C Viral RNA, Qualitative TMA Δ
91438	<input type="checkbox"/> Hepatitis C Antibody with Reflex to HCV RNA, Quantitative Real-Time PCR S
37742	<input type="checkbox"/> TPMT Genotype L

AUTOIMMUNE ENDOCRINE DISEASES	
267	<input type="checkbox"/> Thyroglobulin Antibody SST
5081	<input type="checkbox"/> Thyroid Peroxidase Antibody (Anti-TPO) SST
4645	<input type="checkbox"/> Adrenal Antibody Screen with Reflex to Titer S
37916	<input type="checkbox"/> 21-Hydroxylase Antibody S
899	<input type="checkbox"/> TSH S
35167	<input type="checkbox"/> T4, Free, Direct Dialysis S

COMPLEMENT ACTIVATION AND DEFICIENCY DISEASES	
618	<input type="checkbox"/> Complement, Total (CH50) FS
15963	<input type="checkbox"/> Angioedema Profile, Acquired FS
297	<input type="checkbox"/> C1 Inhibitor, Functional SR
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981	<input type="checkbox"/> Complement Component C1q SR
433	<input type="checkbox"/> Complement Component C2 S
351	<input type="checkbox"/> Complement Component C3 S
17689	<input type="checkbox"/> C3a desArg Fragment FPL
353	<input type="checkbox"/> Complement Component C4 S
4943	<input type="checkbox"/> C4d Fragment, EIA FPL
354	<input type="checkbox"/> Complement Component C5 S
464	<input type="checkbox"/> Complement Component C6 S
34888	<input type="checkbox"/> Complement Component C7 S
34889	<input type="checkbox"/> Complement Component C8 S
34896	<input type="checkbox"/> Complement Component C9 S
16039	<input type="checkbox"/> Mannose Binding Lectin (MBL) S
300	<input type="checkbox"/> Properdin Factor B FS

LYMPHOPROLIFERATIVE DISORDERS	
747	<input type="checkbox"/> Protein Electrophoresis (SPEP) S
750	<input type="checkbox"/> Protein Electrophoresis (UPEP, 24 hr) U
8525	<input type="checkbox"/> Protein Electrophoresis (UPEP, Random) U
549	<input type="checkbox"/> Immunofixation (IFE), Serum S
213	<input type="checkbox"/> Immunofixation (IFE), Urine U

LYMPHOPROLIFERATIVE DISORDERS (cont.)	
11234	<input type="checkbox"/> Kappa/Lambda Light Chains, Free with Ratio S
918	<input type="checkbox"/> Viscosity, Serum S

HUMORAL IMMUNITY	
7083	<input type="checkbox"/> Immunoglobulin Profile S
539	<input type="checkbox"/> IgA S
34188	<input type="checkbox"/> IgA Subclasses S
545	<input type="checkbox"/> IgM S
543	<input type="checkbox"/> IgG S
7903	<input type="checkbox"/> IgG Subclasses Panel S
5425	<input type="checkbox"/> IgG Subclass 1 S
5426	<input type="checkbox"/> IgG Subclass 2 S
5427	<input type="checkbox"/> IgG Subclass 3 S
5428	<input type="checkbox"/> IgG Subclass 4 S
542	<input type="checkbox"/> IgE S

CYTOKINES	
1757	<input type="checkbox"/> Interleukin-1 Beta SR
34161	<input type="checkbox"/> Interleukin 2 (IL-2) FS
34298	<input type="checkbox"/> Interleukin-2 Receptor, EIA FS
34473	<input type="checkbox"/> Interleukin-6, Highly Sensitive ELISA L
34485	<input type="checkbox"/> Tumor Necrosis Factor-Alpha, Highly Sensitive Δ

OTHER TESTS	
457	<input type="checkbox"/> Ferritin SST
528	<input type="checkbox"/> HLA-B27 Antigen WBG
16838	<input type="checkbox"/> Histamine Release (Chronic Urticaria) SR
18877	<input type="checkbox"/> IgE Antibody (Anti-IgE IgG) SR
11362	<input type="checkbox"/> Neisseria Gonorrhoeae RNA, TMA Δ

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE. REFER TO DIRECTORY OF SERVICES.)

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COMMENTS, CLINICAL INFORMATION:

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539 - IgA	11228 - Gliadin IgA	8796 - Myeloperoxidase Antibody	249 - ANA Screen®, IFA w/Reflex to Titer & Pattern, IFA	249 - ANA Screen®, IFA w/Reflex to Titer & Pattern, IFA	298 - C1 Inhibitor, Protein	539 - IgA	5426 - Subclass 2
11070 - Tissue Transglutaminase Antibody (IgG)	539 - IgA	10295 - ASCA (IgA)	15038 - Liver Kidney Microsome (LKM-1) Antibody (IgG)	15038 - Liver Kidney Microsome (LKM-1) Antibody (IgG)	981 - C1q Complement Component	545 - IgM	5427 - Subclass 3
15064 - Endomysial Antibody Screen (IgA) w/Reflex to Titer	11070 - Tissue Transglutaminase Antibody (IgG)	10294 - ASCA (IgG)	259 - Mitochondrial Antibody w/Reflex to Titer, IFA	259 - Mitochondrial Antibody w/Reflex to Titer, IFA			5428 - Subclass 4
	15064 - Endomysial Antibody Screen (IgA) w/Reflex to Titer	34151 - Proteinase-3 Antibody		38568 - Sjögren's Antibody (SS-A)			543 - IgG
				38569 - Sjögren's Antibody (SS-B)			
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