

LabCorp COVID-19 Antibody Testing Available Nationwide [Learn more >>>](#)

DISMISS



🔍 Use a keyword, test name or number

Immunoglobulin A, Quantitative

TEST: 001784 CPT: 82784

Synonyms

- IgA, Serum
- Quantitative IgA, Serum

Test Includes Quantitation of IgA

Special Instructions Indicate the patient's age on the test request form.

Expected Turnaround Time Within 1 day

Turnaround time is defined as the usual number of days from the date of pickup of a specimen for testing to when the result is released to the ordering provider. In some cases, additional time should be allowed for additional confirmatory or additional reflex tests. Testing schedules may vary.

Related Documents

- [Sample Report](#)

SPECIMEN REQUIREMENTS

Specimen Serum

Volume 1 mL (adult), 0.4 mL (pediatric)

Container Red-top tube or gel-barrier tube

Storage Instructions Samples suspected of having macroglobulins or cryoglobulins should be drawn and held at 37°C. Samples suspected of containing cold agglutinins should not be

refrigerated prior to serum separation from clot.

Stability Requirements	Temperature	Period
	Room temperature	14 days
	Refrigerated	14 days
	Frozen	14 days
	Freeze/thaw cycles	Stable x3

Causes for Rejection Excessive lipemia

TEST DETAILS

Use Evaluate humoral immunity; monitor therapy in IgA myeloma

Limitations If samples containing macroglobulins, cryoglobulins, or cold agglutinins are handled at incorrect temperatures, false low values may result.

Methodology Immunoturbidimetric

Reference Interval See table.

Immunoglobulin A, Quantitative

Age	Range (mg/dL)
Male	
0 to 10 d	2–362
11 d to 6 m	8–37

Age	Range (mg/dL)
7 to 11 m	12–58
1 to 3 y	21–111
4 to 15 y	52–221
16 to 60 y	90–386
>60 y	61–437
Female	
0 to 10 d	2–362
11 d to 6 m	8–32
7 to 11 m	11–45
1 to 3 y	19–102
4 to 15 y	51–220
16 to 70 y	87–352
>70 y	64–422

Additional Information

Increased monoclonal IgA may be produced in lymphoproliferative disorders, especially multiple myeloma and “Mediterranean” lymphoma involving bowel. An IgA monoclonal peak >2 g/dL is a major criterion for myeloma. It may be elevated in a wide range of conditions affecting mucosal surfaces, where IgA is largely produced. Some clinically significant IgA deficiencies have concomitant

deficiencies of IgG₂ and IgG₄. IgA may be decreased in patients with chronic sinopulmonary disease, in ataxia-telangiectasia, or congenitally. Patients with congenital IgA deficiency are prone to autoimmune diseases, and may develop antibody to IgA and anaphylaxis if transfused. IgA levels may rise with exercise and fall during pregnancy.

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CPT Statement/Profile Statement

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