

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

DISMISS



## Immunoglobulin A, Subclasses (1-2)

**TEST: 123049** CPT: 82784; 82787(x2)

Synonyms

- IgA Subclasses
- IgA<sub>1,2</sub>

Test Includes Quantitation of IgA<sub>1</sub>, IgA<sub>2</sub>, total IgA

Expected Turnaround Time 3 - 6 days

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 Information

- [Immunoglobulin A, Subclass 1](#)
- [Immunoglobulin A, Subclass 2](#)

Related Documents

- [Sample Report](#)

### SPECIMEN REQUIREMENTS

Specimen Serum

Volume 2 mL

Minimum Volume 1 mL

Container Red-top tube or gel-barrier tube

Collection Transfer specimen to a plastic transport tube.

Storage Instructions Maintain specimen at room temperature.

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

Causes for Rejection Gross lipemia; hemolysis

#### TEST DETAILS

Use Study IgA deficiencies in patients in association with recurrent sinopulmonary infections or repeated transfusions; study IgA elevations associated with IgA myeloma

Methodology Immunologic

Additional Information Two classes of IgA have been identified in humans: IgA<sub>1</sub>, which accounts for 80% to 90% of total serum IgA, and IgA<sub>2</sub> which is the major subclass in secretions such as milk. The two subclasses appear to be regulated independently. Antigenic sites on the IgA subclasses are responsible for the anaphylactic transfusion reactions experienced by some patients totally deficient in either IgA<sub>1</sub> or IgA<sub>2</sub>. After repeated transfusions, such patients may produce antibodies to these antigens. IgA subclasses are of further importance in that certain pathogenic microorganisms, including *Haemophilus influenzae*, are capable of enzymic cleavage of IgA<sub>1</sub>, leading to partial inactivation of this subclass. Recurrent sinopulmonary infections may, therefore, be related to deficiency of IgA<sub>2</sub>, which is resistant to these organisms. Grossly elevated levels of either subclass can occur in patients with IgA myeloma.

© 2020 Laboratory Corporation of America® Holdings and Lexi-Comp Inc. All Rights Reserved.

CPT Statement/Profile Statement

The LOINC® codes are copyright © 1994-2020, Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee. Permission is granted in perpetuity, without payment of license fees or royalties, to use, copy, or distribute the LOINC® codes for any commercial or non-commercial purpose, subject to the terms under the license agreement found at <https://loinc.org/license/>. Additional information regarding LOINC® codes can be found at LOINC.org, including the LOINC Manual, which can be downloaded at [LOINC.org/downloads/files/LOINCManual.pdf](https://loinc.org/downloads/files/LOINCManual.pdf)