

## Cod Allergen

Order Name: **CODFISH**  
Test Number: 5606100  
Revision Date: 02/11/2013

TEST NAME	METHODOLOGY	LOINC CODE
Cod Allergen	ImmunoCAP	15650-5

### SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	<b>0.4 mL (0.2 mL)</b>	<b>Serum</b>	<b>Clot Activator SST</b>	<b>Room Temperature</b>
Instructions	<b>Specimen Type:</b> Red-top tube or gel-barrier tube, Separate Serum from Cells into a screwtop transport container. <b>Stability Requirements:</b> Room temperature 14 days, Refrigerated 14 days, Frozen 3 months. (Freeze/thaw cycles Stable x3)			

### GENERAL INFORMATION

Expected TAT	3-5 days
CPT Code(s)	86003
Lab Section	Reference Lab