

Insulin Resistance Test

Order Name: **INSULIN R**

Test Number: 2006775

Revision Date: 05/09/2025

| TEST NAME              | METHODOLOGY             | LOINC CODE |
|------------------------|-------------------------|------------|
| Insulin Total, Fasting | Chemiluminescence Assay | 27873-9    |
| Glucose Total, Fasting | Hexokinase              | 1558-6     |
| Insulin 2 Hour Total   | Chemiluminescence Assay | 27826-7    |
| Glucose 2 Hour Total   | Hexokinase              | 20436-2    |

| SPECIMEN REQUIREMENTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                   |                       |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------|-----------------------|
| Specimen              | Specimen Volume (min)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Specimen Type    | Specimen Container                                | Transport Environment |
| Preferred             | 2 mL (0.5) each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Serum and Plasma | Both Sodium Floride (Gray) and Clot Activator SST | See Instructions      |
| Instructions          | <p><b>Overnight fasting is required.</b></p> <p><b>Collect Both Sodium Floride (Gray) and Clot Activator SST tubes for each draw time</b></p> <p>1) Draw a fasting glucose and insulin.</p> <p>2) Administer 75 gms of glucola, consume within 5min.</p> <p>3) Draw a 2 hour glucose and insulin (post glucola). Note time drawn on tubes.</p> <p><b>Note: The Clot Activator SST tubes for the Insulin testing and should be allowed to clot then centrifuge aliquot 2mL(0.5mL) Serum into plastic aliquot tube and freeze ASAP.</b></p> <p><b>The Insulin Stability:</b> Ambient 8 hours, Refrigerated 2 days, Frozen 7 days.</p> <p><b>The Stability for the Glucose:</b> Ambient 8 hours; Refrigerated 7 days, Frozen 3 months (Fluoride preserved plasma samples are stable at room temperature for 24 hours.)</p> <p>Insulin assay not recommended for patients with insulin autoantibody. Use Free Insulin assay if autoantibody positive.</p> |                  |                                                   |                       |

| GENERAL INFORMATION |                       |
|---------------------|-----------------------|
| Testing Schedule    | Mon - Fri             |
| Expected TAT        | 2-3 days              |
| CPT Code(s)         | 82947, 82952, 83525x2 |
| Lab Section         | Chemistry             |