

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

GENERAL INFORMATION

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