

## Oyster Allergen

Order Name: **OYSTER**  
Test Number: 5520125  
Revision Date: 12/05/2016

TEST NAME	METHODOLOGY	LOINC CODE
Oyster Allergen	ImmunoCAP	15899-8

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	<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
Notes	Reference Lab: Viracor/IBT Viracor Test Code: 43110S
CPT Code(s)	86003
Lab Section	Reference Lab