

Insulin Resistance Test

Order Name: **INSULIN R**
 Test Number: 2006775
 Revision Date: 09/20/2017

| 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 | 1 mL (0.5) | Serum and Plasma | Sodium Fluoride (Gray) and Clot Activator SST (Gold Top) | Refrigerated |
| Instructions | Overnight fasting is required. Draw a fasting glucose and insulin. Administer 75 gms of glucola. Draw a 2 hour glucose and insulin (post glucola). Note time drawn on tubes. Insulin assay not recommended for patients with insulin autoantibody. Use Free Insulin assay if autoantibody positive. | | | |

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