

## Gelatin Allergen

Order Name: **GELATIN IC**

Test Number: 5613375

Revision Date: 10/23/2017

| TEST NAME        | METHODOLOGY | LOINC CODE |
|------------------|-------------|------------|
| Gelatin Allergen | ImmunoCAP   | 15725-5    |

| 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          | <p><b>Specimen Type:</b> Red-top tube or gel-barrier tube, Separate Serum from Cells into a screwtop transport container.</p> <p><b>Stability Requirements:</b> Room temperature 14 days, Refrigerated 14 days, Frozen 3 months. (Freeze/thaw cycles Stable x3)</p> |               |                    |                       |

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