

Insulin-Like Growth Factor-Binding Protein 3

Order Name: **IGFB3**  
Revision Date: 10/10/2019

TEST NAME		METHODOLOGY		LOINC CODE
Insulin-Like Growth Factor-Binding Protein 3				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.8 mL (0.3 mL)	Serum	Red Top	Frozen
Alternate 1	0.8 mL (0.3 mL)	Serum	Serum Gel Tube	Frozen
Instructions	Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered.			
Reference Range	An interpretive report will be provided.			
Methodology	Enzyme-Labeled Chemiluminescent Immunometric Assay			

GENERAL INFORMATION	
Testing Schedule	Monday-Friday; Saturday
Expected TAT	2 Days
Notes	Specimen Stability: Frozen (preferred) - 14 days Refrigerated - 24 Hours
CPT Code(s)	83520
Lab Section	NRLS-Mayo Medical Laboratories