

Bermuda Grass Allergen

Order Name: **BERMUDA**Test Number: 5606325
Revision Date: 02/11/2013

TEST NAME			METHODOLOGY	LOINC CODE	
Bermuda Grass Allergen		ImmunoCAP	15738-8		
SPECIMEN REQU	IREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment	
Preferred	0.4 mL (0.2 mL)	Serum	Clot Activator SST	Room Temperature	
Instructions	Instructions Specimen Type: Red-top tube or gel-barrier tube,				
	Separate Serum from Cells in	Serum from Cells into a screwtop transport container.			
	Stability Requirements: Roo	ents: Room temperature 14 days, Refrigerated 14 days, Frozen 3 months. (Freeze/thaw cycles Stable x3)			

GENERAL INFORMATION	
Expected TAT	3-5 days
CPT Code(s)	86003
Service Provided By	Oklahoma, Inc.