


Cod Allergen

Order Name: **CODFISH**
Test Number: **5606100**
Revision Date: **02/11/2013**

TEST NAME	METHODOLOGY	LOINC CODE
Cod Allergen	ImmunoCAP	15650-5

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	Specimen Type: Red-top tube or gel-barrier tube, Separate Serum from Cells into a screwtop transport container. Stability Requirements: 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	 labcorp Oklahoma, Inc.