


**Lettuce Allergen**

Order Name: **LETTUCE**  
Test Number: **5556550**  
Revision Date: **02/11/2013**

TEST NAME	METHODOLOGY	LOINC CODE
Lettuce Allergen	ImmunoCAP .....	15815-4

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

GENERAL INFORMATION	
Expected TAT	3-5 days
Notes	Reference Lab: Viracor/IBT Viracor Test Code: 51510S
CPT Code(s)	86003
Service Provided By	 <b>labcorp</b> Oklahoma, Inc.