


**Oyster Allergen**

Order Name: **OYSTER**  
Test Number: 5520125  
Revision Date: 12/05/2016

| TEST NAME       | METHODOLOGY        | LOINC CODE |
|-----------------|--------------------|------------|
| Oyster Allergen | ImmunoCAP<br>..... | 15899-8    |

| 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,<br>Separate Serum from Cells into a screwtop transport container.<br><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<br>Viracor Test Code: 43110S  |
| CPT Code(s)         | 86003  |
| Service Provided By |  <b>labcorp</b><br>Oklahoma, Inc. |