


Gelatin Allergen

Order Name: **GELATIN IC**
Test Number: **5613375**
Revision Date: **10/23/2017**

| TEST NAME | METHODOLOGY | LOINC CODE |
|------------------|--------------------|------------|
| Gelatin Allergen | ImmunoCAP | 15725-5 |

| 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. |