


**C Peptide**

Order Name: **C PEPTIDE**  
Test Number: 2015225  
Revision Date: 04/26/2021

| TEST NAME | METHODOLOGY                    | LOINC CODE |
|-----------|--------------------------------|------------|
| C Peptide | <u>Chemiluminescence Assay</u> | 1986-9     |

| SPECIMEN REQUIREMENTS |   |               |                                       |                       |
|-----------------------|---|---------------|---------------------------------------|-----------------------|
| Specimen              | Specimen Volume (min)   | Specimen Type | Specimen Container                    | Transport Environment |
| Preferred             | 1 mL (0.5)  | Serum         | Clot Activator (Red Top, No-Gel)      | Frozen                |
| Alternate 1           | 1 mL (0.5)  | Serum         | Clot Activator SST                    | Frozen                |
| Alternate 2           | 1 mL (0.5)  | Plasma        | Lithium Heparin PST (Light Green Top) | Frozen                |
| Instructions          | Patient should be fasting. It is recommended that the specimen be centrifuged, serum poured off and frozen for best stability. Serum/Plasma should be removed from cells/gel/ if testing delayed over 8hrs ambient or over 48hrs refrigerated. Stability: Ambient 1 day. Refrigerated 2 days. Frozen 3 months |               |                                       |                       |

| GENERAL INFORMATION |  |
|---------------------|--|
| Testing Schedule    | Mon-Fri  |
| Expected TAT        | 1-3 days   |
| Clinical Use        | Useful in the determination of endogenous insulin secretion and the diagnosis of insulinoma.                         |
| CPT Code(s)         | 84681  |
| Service Provided By |  <b>labcorp</b><br>Oklahoma, Inc. |