

Overview

Method Name

Immunoassay; Ex Vivo Challenge; Cell Culture and Histamine Analysis

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Patient preparation: Patients taking calcineurin inhibitors should stop medication 72 hours prior to draw. Patients taking prednisone should be off their medication for 2 weeks prior to draw.

Specimen Type: Serum

Container/Tube: Red or SST

Specimen Volume: 3 mL

Collection Instructions: Draw blood in Red-top tube (SST is acceptable). Separate from cells within 2 hours of draw. Send 3 mL of serum refrigerate in a plastic vial.

Specimen Minimum Volume

1 mL

Reject Due To

| | |
|------------|------------------|
| Hemolysis: | NA |
| Thawing: | Warm OK; Cold OK |
| Lipemia: | NA |
| Icterus: | NA |
| Other: | NA |

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|--------|-------------------|
| Serum | Ambient | 5 days | |
| | Refrigerated (preferred) | 7 days | |
| | Frozen | 7 days | |

Clinical & Interpretive

Reference Values

| | |
|------------------------------|----------------|
| Anti-Thyroid Peroxidase IgG: | <35 IU/mL |
| Anti-Thyroglobulin IgG: | <40 IU/mL |
| TSH (Thyrotropin): | 0.4-4.0 uIU/mL |
| CU Index: | <10.0 |

The CU Index test is the second generation Functional Anti-FceR test. Patients with a CU Index greater than or equal to 10 have basophil reactive factors in their serum which supports and autoimmune basis for disease.

Performance

PDF Report

No

Day(s) Performed

Monday, Wednesday, Friday

Report Available

2 to 9 days

Performing Laboratory Location

Eurofins Viracor

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by Viracor Eurofins. It has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

84443
86343
86376
86800

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|------------------------------------|--------------------|
| FCUIP | CU (Chronic Urticaria) Index Panel | 69040-4 |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|-----------------------------|---------------------|
| Z3144 | Anti-Thyroid Peroxidase IgG | 18332-7 |
| Z3145 | Anti-Thyroglobulin IgG | 56635-6 |
| Z3146 | TSH (Thyrotropin) | 3016-3 |
| Z3147 | CU Index | 63369-3 |