

**Overview****Method Name**

Immunoassay

**NY State Available**

Yes

**Specimen****Specimen Type**

Serum

**Specimen Required****Collection Container/Tube:****Preferred:** Red top**Acceptable:** Serum gel**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Collection Instructions:** Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 1 mL of serum refrigerated in a plastic vial.**Specimen Minimum Volume**

0.5 mL

**Reject Due To**

Gross Hemolysis	Reject
Gross Lipemia	Reject
Gross Icterus	Reject

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	30 days	
	Ambient	4 days	

**Clinical & Interpretive****Reference Values**

&lt;1.0 Negative AI

**Performance****PDF Report**

No

**Day(s) Performed**

Tuesday through Saturday

**Report Available**

5 to 9 days

**Performing Laboratory Location**

Quest Diagnostics Nichols Institute

**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](#).

**CPT Code Information**

86235

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FCNAB	Chromatin (Nucleosomal) Ab	34416-8

Result ID	Test Result Name	Result LOINC® Value
FCNAB	Chromatin (Nucleosomal) Ab	34416-8