

Overview

Method Name

Electrochemiluminescence immunoassay (ECLIA)

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Specimen Type: Serum

Container/Tube: SST or Red

Specimen Volume: 3 mL

Collection Instructions: Draw blood in a serum gel tube(s), plain red-top tube(s) is acceptable. **Serum must be separated from cells within 45 minutes of venipuncture.** Spin down and send 3 mL of serum frozen in a plastic vial.

To avoid delays in turnaround time when requesting multiple tests, **please submit separate frozen specimens for each test requested.**

NOTE: High serum biotin concentrations in patients taking biotin supplements may cause an interference in this assay. Patients may be advised to stop biotin consumption at least 72 hours prior to sample collection.

Specimen Minimum Volume

1 mL (Note: This volume does not allow for repeat testing.)

Reject Due To

Gross hemolysis	Gross reject; Mild OK
Gross lipemia	Reject
Gross icterus	NA
Other/Tissue/Swab	Specimens other than indicated

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
---------------	-------------	------	-------------------

Serum	Frozen (preferred)	7 days	
	Ambient	7 days	
	Refrigerated	7 days	

Clinical & Interpretive

Reference Values

Golimumab:

Quantitation Limit: <0.5 ug/mL

Results of 0.5 ug/mL or higher indicate detection of Golimumab
In the presence of serum anti-golimumab antibodies, the golimumab drug level reflects the antibody-unbound (free) fraction of golimumab in serum

Anti-Golimumab Antibody:

Quantitation Limit: <20 ng/mL

Results of 20 or higher indicate detection of anti-Golimumab antibodies.

Cautions

Failure of golimumab therapy may not always be due to the presence of anti-golimumab antibodies. Conversely, the absence of anti-golimumab antibodies does not guarantee response to treatment.

Performance

PDF Report

No

Day(s) Performed

Tuesday

Report Available

7 to 18 days

Performing Laboratory Location

Esoterix Endocrinology

Fees & Codes

Test Definition: FGAGA

Golimumab and Anti-Golimumab Antibody,
DoseASSURE GOL

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

These tests were developed and their performance characteristics determined by LabCorp. They have not been cleared or approved by the Food and Drug Administration.

CPT Code Information

80299
82397

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FGAGA	Golimumab and Anti-Gol Ab	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z5639	Golimumab	87406-5
Z5640	Anti-Golimumab Antibody	87407-3