

Overview

Method Name

RIPA Gel Radiography

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 serum

Collection Instructions:

1. Within 1 hour of collection, centrifuge and aliquot 1 mL of serum into a plastic vial.

2. Send refrigerated.

Specimen Minimum Volume

Serum: 0.3 mL Note: This volume does not allow for repeat testing.

Reject Due To

| | |
|----------------------------|------------------|
| Gross hemolysis: | Reject |
| Thawing: | Warm OK; Cold OK |
| Gross lipemia: | Reject |
| Gross icterus | Reject |
| Specimens other than serum | Reject |
| Bacterial contamination | Reject |

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum | Refrigerated (preferred) | 14 days | |
| | Ambient | 7 days | |
| | Frozen | 60 days | |

Clinical & Interpretive

Clinical Information

Refer to <https://www.labcorp.com/test-menu/search>

Reference Values

Negative

Performance

PDF Report

No

Report Available

16 to 25 days

Performing Laboratory Location

Esoterix Endocrinology

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 LabCorp. It has not been cleared or approved by the Food and Drug Administration.

CPT Code Information

83516

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|-----------------|--------------------|
|---------|-----------------|--------------------|

| | | |
|-------|---------------|---------|
| FATHO | Anti-Th/To Ab | 81743-7 |
|-------|---------------|---------|

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|------------------|---------------------|
| FATHO | Anti-Th/To Ab | 81743-7 |