

Overview

Method Name

Radioimmunoassay (RIA)

NY State Available

No

Specimen

Specimen Type

GI Plasma

Shipping Instructions

Ship frozen

Specimen Required**Patient Preparation:**

1. Fasting: 10 to 12 hours
2. Patient should not be on any medications or supplements that may influence cholecystokinin (CCK), glucose, growth hormone, insulin and/or somatostatin levels, if possible, for at least 48 hours prior to specimen collection.

Supplies: GI Preservative (T125)**Collection Container/Tube:** GI preservative plasma tube**Submission Container/Tube:** Plastic vial**Specimen Volume:** 3 to 5 mL plasma**Collection Instructions:**

1. Draw 10 mL of blood in a GI preservative plasma tube.
2. As soon as possible, centrifuge specimen in a refrigerated centrifuge.
3. Aliquot 3 to 5 mL plasma into a plastic vial and freeze at -20 degrees C.
4. Ship frozen.

Specimen Minimum Volume

Plasma: 1 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject
Specimens	Reject

other than collected in GI Preservative plasma tube (T125)	
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Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
GI Plasma	Frozen	180 days	

Clinical & Interpretive
Clinical Information

Refer to www.interscienceinstitute.com/individual-assays/

Reference Values

Normal weight/control subjects: 520-700 pg/mL

Obese subjects prior to diet: 340-450 pg/mL

8:00 am-12:00 pm: Up to 420 pg/mL

6:00 pm: Up to 480 pg/mL

Obese subjects post induced

Weight loss: 450-600 pg/mL

8:00 am-12:00 pm: Up to 575 pg/mL

6:00 pm: Up to 600 pg/mL

Obese subjects post gastric-bypass surgery: Up to 120 pg/mL

Cautions

The reference interval has been established using the ISI preservative indicated for this test. No other sample types are acceptable.

Performance
PDF Report

Referral

Day(s) Performed

Monday through Friday

Report Available

5 to 9 days

Performing Laboratory Location

Inter Science 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](#).

Test Classification

This test has not been cleared or approved by the US Food and Drug Administration.

This test was developed and its performance characteristics determined by Inter Science Institute. Values obtained with different methods, laboratories, or kits cannot be used interchangeably with the results on this report. The results cannot be interpreted as absolute evidence of the presences or absence of malignant disease.

CPT Code Information

83519

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FGHTP	Ghrelin Total	76474-6

Result ID	Test Result Name	Result LOINC® Value
FGHTP	Ghrelin Total	76474-6