

## Overview

**Method Name**

Direct ELISA

**NY State Available**

Yes

## Specimen

**Specimen Type**

Urine

**Specimen Required**

**Patient Preparation:** Patient **should not** be on aspirin, indomethacin, or anti-inflammatory medications, if possible, for at least 48 hours prior to collection of specimen.

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 10 mL

**Collection Instructions:**

1. Collect 10 mL random urine (24-hour urine collection is **not acceptable**)
2. No preservative.
2. Freeze immediately and send specimen frozen in a plastic vial.
3. Specimen must remain frozen prior to and during shipping.

**Specimen Minimum Volume**

5 mL

**Reject Due To**

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject
24-hour urine collection	Reject
Ambient or refrigerated specimens	Reject

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Urine	Frozen	60 days	

## Clinical & Interpretive

### Clinical Information

Refer to [www.interscienceinstitute.com/individual-assays/](http://www.interscienceinstitute.com/individual-assays/)

### Reference Values

Up to 175 ng/g Creatinine

## 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 presence or absence of malignant disease.

### CPT Code Information

84150

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**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FPROS	Prostaglandin D2 (PG D2), U	12838-9

Result ID	Test Result Name	Result LOINC® Value
FPROS	Prostaglandin D2 (PG D2), U	12838-9