

Overview

Method Name

Direct Radioimmunoassay

NY State Available

Yes

Specimen

Specimen Type

Z-Tube Plasma

Shipping Instructions

Ship Frozen

Specimen Required**Patient Preparation:**

1. Fasting: 10 hours, recommended; water, but no other liquid, may be taken as needed
2. Patient should not be on any medications that may influence insulin levels, if possible, for at least 48 hours prior to collection.

Collection Container/Tube: Z tube (T701)**Submission Container/Tube:** Plastic vial**Specimen Volume:** 3 mL plasma**Collection Instructions:**

1. Draw 10 mL of blood in a pre-chilled Z-tube.
2. Immediately after collection, centrifuge in a refrigerated centrifuge and aliquot 3 mL of plasma into a plastic vial.
3. Freeze immediately.
4. Send frozen.

Specimen Minimum Volume

Plasma: 1 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject
Specimens not collected in Z	Reject

tube	
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Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Z-Tube Plasma	Frozen	60 days	

Clinical & Interpretive**Clinical Information**

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

Reference Values

10-135 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 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
FPAN2	Pancreastatin, Plasma	Not Provided

Result ID	Test Result Name	Result LOINC® Value
FPAN2	Pancreastatin, Plasma	49013-6