

Overview

Method Name

Direct Radioimmunoassay

NY State Available

No

Specimen

Specimen Type

GI Plasma

Specimen Required

- Patient Preparation:
1. Patient should fast for 10 to 12 hours prior to collection of specimens.
 2. Antacid medications and medications that affect intestinal motility should be discontinued, if possible, for at least 48 hours prior to collection of specimens.

Supplies: GI Preservative Tube (T125)

Collection Container/Tube: Special tube containing GI preservative (T125)

Submission Container/Tube: Plastic vial

Specimen Volume: 3 mL

- Collection Instructions:
1. Collect 10 mL blood in special GI preservative tube.
 2. Centrifuge immediately and aliquot 3 mL plasma into a plastic vial.
 3. Ship frozen.

Specimen Minimum Volume

1 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject
Specimens not collected in GI preservative tube	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
GI Plasma	Frozen	180 days	

Clinical & Interpretive

Reference Values

<80 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, Thursday

Report Available

14 to 22 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

83519

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FCCK1	Cholecystokinin (CCK)	Not Provided

Result ID	Test Result Name	Result LOINC® Value
FCCK1	Cholecystokinin (CCK)	2081-8