

Overview

Method Name

Immunoassay

NY State Available

Yes

Specimen

Specimen Type

Fecal

Specimen Required

Collect 1 gm undiluted feces in clean, dry, sterile leak proof container, ship frozen.

Note: 1. Do not add fixative or preservative

2. From collection time to the time stool is frozen must not exceed 48 hours either refrigerate or ambient.

Reject Due To

Hemolysis NA

Lipemia NA

Icterus NA

Other Specimen collected in formalin; MF, SAF or PVA, Cary Blair Media, Parapak

Specimen Minimum Volume

0.3 gram

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Fecal	Frozen (preferred)	60 days	

Clinical & Interpretive

Reference Values

Less than 30.0 mcg/mL

Performance**PDF Report**

No

Performing Laboratory Location

Quest Diagnostics Nichols Institute

Fees & Codes**Test Classification****CPT Code Information**

83631

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FLACS	Lactoferrin, QN, Stool	42924-1

Result ID	Reporting Name	LOINC®
FLACS	Lactoferrin, QN, Stool	42924-1