

Overview

Method Name

Immunoassay (IA)

NY State Available

Yes

Specimen

Specimen Type

Urine

Specimen Required

Patient Preparation: Avoid taking allergy causing drugs, antihistamines, oral corticosteroids, and substances which block H2 receptors for at least 24 hours prior to specimen collection. Avoid direct sunlight during the collection.

Specimen Type: Urine

Submission Container/Tube: Plastic, 10-mL tube (T068)

Specimen Volume: 4 mL

Collection Instructions: Submit only 1 of the following:

-Collect 24-hour urine with 10 mL 6N HCL. (Preferred)

-Collect 24-hour urine without preservative.

1. Collect urine for 24 hours, either with 10 mL 6N HCL preservative (preferred), or with no preservative.
2. Avoid direct sunlight during the 24-hour collection.
3. Send specimen refrigerated in the plastic, 10-mL urine tube (T068)
4. Collection volume and duration are required

Reject Due To

Hemolysis NA
 Lipemia NA
 Icterus NA
 Other Random Urine

Specimen Minimum Volume

2 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Frozen	14 days	
	Ambient		

Clinical & Interpretive
Clinical Information

Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of histamine.

Reference Values

Histamine, 24-hour Urine: 0.006 – 0.131 mg/24 h

Creatinine, 24-Hour Urine

Age (Years)	g/24 hours
3-8	0.11 - 0.68
9-12	0.17 - 1.41
13-17	0.29 - 1.87
Adults	0.63 - 2.50

Performance

PDF Report

No

Performing Laboratory Location

Quest Diagnostics Nichols Institute

Fees & Codes**Test Classification**

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

CPT Code Information

83088

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FH24U	Histamine, 24-Hour U	9410-2

Result ID	Reporting Name	LOINC®
Z3686	Total Volume	3167-4
Z3693	Histamine, 24 hr Urine	9410-2
Z3694	Creatinine, 24-Hour Urine	2162-6