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**Reporting Title:** Histamine, Whole Blood**Performing Location** ARUP Laboratories**Specimen Requirements:**

Collect blood in a green top tube (sodium or lithium heparin). Submit 1 mL well-mixed blood in a plastic screw cap tube frozen.

**NOTE:** 1. Critical frozen. Separate samples must be submitted when multiple tests are ordered.  
2. Unacceptable: non-frozen samples

Specimen Type	Temperature	Time	Special Container
WB Heparin	Frozen (preferred)	180 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
Z2753	Histamine, Whole Blood	Alphanumeric		46436-2

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

83088

**Reference Values:**

180 - 1800 nmol/L