

**Reporting Title:** Adalimumab QN with Reflex to Ab, S

**Performing Location** Rochester

**Specimen Requirements:**

**Container/Tube:**

**Preferred:** Serum gel

**Acceptable:** Red top

**Specimen Volume:** 0.5 mL

**Forms:**

If not ordering electronically, complete, print, and send [Gastroenterology and Hepatology Client Test Request \(T728\)](#) with the specimen

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	

**Supplemental Report:**

No

**CPT Code Information:**

80145

83520 (if appropriate)

**Reflex Tests:**

Test ID	Reporting Name	CPT Units	CPT Code	Available Separately	Always Performed
ADLAB	Adalimumab Ab, S		83520	No	No

**Result Codes for Reflex Tests:**

Test ID	Result ID	Reporting Name	Type	Unit	LOINC
ADLAB	ADLAB	Adalimumab Ab, S	Numeric	AU/mL	87742-3

**Reference Values:**

ADALIMUMAB QUANTITATIVE

Limit of quantitation is 0.8 mcg/mL. Optimal therapeutic ranges are disease specific.

ADALIMUMAB ANTIBODY

<14.0 AU/mL