

Reporting Title: Haptoglobin, S**Performing Location:** Rochester**Specimen Requirements:****Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Specimen Volume:** 1 mL

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC
HAPT	Haptoglobin, S	Numeric	mg/dL	46127-7

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83010

Reference Values:

30-200 mg/dL