

Reporting Title: Transferrin, S**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Specimen Requirements:****Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Collection Instructions:**

1. Within 2 hours of collection, centrifuge the specimen.
2. For serum gel tubes, aliquot serum into a plastic vial prior to shipment.
3. For red-top tubes, aliquot the serum into a plastic vial immediately after centrifuging.

Forms:

If not ordering electronically, complete, print, and send a [Benign Hematology Test Request Form](#) (T755) with the specimen.

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|----------|-------------------|
| Serum | Refrigerated (preferred) | 7 days | |
| | Ambient | 7 days | |
| | Frozen | 180 days | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------|---------|-------|--------|
| TRSF | Transferrin, S | Numeric | mg/dL | 3034-6 |

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84466

Reference Values:

200-360 mg/dL