

Reporting Title: Histamine, Whole Blood

Performing Location: ARUP Laboratories

Shipping Instructions:

CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.

Specimen Requirements:

Specimen Type: Whole Blood

Collection Container/Tube:

Preferred: Green top (sodium heparin)

Acceptable: Green top (lithium heparin)

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

1. Draw blood in a green-top tube (sodium or lithium heparin).
2. Aliquot 1 mL well mixed whole blood into a plastic vial.
3. Freeze specimen.

| Specimen Type | Temperature | Time     | Special Container |
|---------------|-------------|----------|-------------------|
| WB Heparin    | Frozen      | 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