

Overview**Method Name**

Immunoassay

NY State Available

Yes

Specimen**Specimen Type**

Fecal

Specimen Required

Collect 1 gm undiluted feces in clean, dry, sterile leak proof container, ship frozen.

Note: 1. Do not add fixative or preservative

2. From collection time to the time stool is frozen must not exceed 48 hours either refrigerate or ambient.

Specimen Minimum Volume

0.3 gram

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	Specimen collected in formalin; MF, SAF or PVA, Cary Blair Media

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Fecal	Frozen	60 days	

Clinical and Interpretive**Reference Values**

Less than 30.0 mcg/mL

Performance**PDF Report**

No

Day(s) Performed

Tuesday, Friday

Report Available

1 to 8 days

Performing Laboratory Location

Quest Diagnostics Nichols Institute

Fees and Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

CPT Code Information

83631

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FLACS	Lactoferrin, QN, Stool	42924-1

Result ID	Test Result Name	Result LOINC Value
FLACS	Lactoferrin, QN, Stool	42924-1