

**Overview**

**Method Name**

Electrochemiluminescence immunoassay (ECLIA)

**NY State Available**

Yes

**Specimen**

**Specimen Type**

Serum

**Specimen Required**

**Specimen Type:** Serum

**Container/Tube:** SST or Red

**Specimen Volume:** 3 mL

**Collection Instructions:** Draw blood in a serum gel tube(s), plain red-top tube(s) is acceptable. **Serum must be separated from cells within 45 minutes of venipuncture.** Spin down and send 3 mL of serum frozen in a plastic vial.

To avoid delays in turnaround time when requesting multiple tests, **please submit separate frozen specimens for each test requested.**

**Specimen Minimum Volume**

1 mL (Note: This volume does not allow for repeat testing.)

**Reject Due To**

Gross hemolysis	Gross reject; Mild OK
Gross lipemia	Reject
Gross icterus	NA
Other/Tissue/Swab	Specimens other than indicated

**Specimen Stability Information**

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

## Clinical and Interpretive

### Reference Values

#### Golimumab:

Quantitation Limit: <0.5 ug/mL

Results of 0.5 ug/mL or higher indicate detection of Golimumab

In the presence of serum anti-golimumab antibodies, the golimumab drug level reflects the antibody-unbound (free) fraction of golimumab in serum

#### Anti-Golimumab Antibody:

Quantitation Limit: <20 ng/mL

Results of 20 or higher indicate detection of anti-Golimumab antibodies.

### Cautions

Failure of golimumab therapy may not always be due to the presence of anti-golimumab antibodies. Conversely, the absence of anti-golimumab antibodies does not guarantee response to treatment.

## Performance

### PDF Report

No

### Day(s) and Time(s) Test Performed

Tuesday

### Analytic Time

2 days

### Maximum Laboratory Time

11-15 days

### Performing Laboratory Location

Esoterix Endocrinology

## 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](#).

### Test Classification

These tests were developed and their performance characteristics determined by LabCorp. They have not been

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cleared or approved by the Food and Drug Administration.

**CPT Code Information**

80299

82397

**LOINC® Information**

Test ID	Test Order Name	Order LOINC Value
FGAGA	Golimumab and Anti-Gol Ab	Not Provided

Result ID	Test Result Name	Result LOINC Value
Z5639	Golimumab	87406-5
Z5640	Anti-Golimumab Antibody	87407-3