Overview

Method Name
Enzyme Immunoassay (EIA)

NY State Available
No

Specimen

Specimen Type
Serum

Specimen Required
Patient preparation:
Patient should be fasting 10-12 hours prior to collection of specimen. Antacids or other medications affecting stomach acidity or gastrointestinal motility should be discontinued, if possible, for at least 48 hours prior to collection.

Specimen Type: Serum
Container/Tube: Red top or SST
Specimen Volume: 3 mL

Collection Instructions: Draw blood in a plain, red-top tube(s), serum-gel tube(s) is acceptable. Separate immediately and send 3 mL of serum frozen in a plastic vial.

Specimen Minimum Volume
1 mL

Reject Due To

<table>
<thead>
<tr>
<th></th>
<th>Mild reject; Gross reject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemolysis</td>
<td></td>
</tr>
<tr>
<td>Lipemia</td>
<td></td>
</tr>
<tr>
<td>Icterus</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Specimens other than Serum or Plasma EDTA. Test is strict frozen.</td>
</tr>
</tbody>
</table>

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td>Frozen</td>
<td>14 days</td>
<td></td>
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</tbody>
</table>

Clinical and Interpretive
Reference Values
28 - 100 ng/mL
(mean 40)

Performance

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Friday

Analytic Time
7 days

Maximum Laboratory Time
9 - 11 days

Performing Laboratory Location
Inter Science 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.

Test Classification
This test was performed using a kit that has not been cleared or approved by the FDA and is designated as research use only. The analytic performance characteristics of this test have been determined by Inter Science Institute. This test is not intended for diagnosis or patient management decisions without confirmation by other medically established means.

CPT Code Information
83520

LOINC® Information

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tbody>
<tr>
<td>FPEPS</td>
<td>Pepsinogen I</td>
<td>2736-7</td>
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<table>
<thead>
<tr>
<th>Result ID</th>
<th>Test Result Name</th>
<th>Result LOINC Value</th>
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<tbody>
<tr>
<td>Z0941</td>
<td>Pepsinogen I</td>
<td>2736-7</td>
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