

Overview**Method Name**

RIPA Gel Radiography

NY State Available

Yes

Specimen**Specimen Type**

Serum

Specimen Required**Collection Container/Tube:****Preferred:** Red top**Acceptable:** Serum gel**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL serum**Collection Instructions:**

1. Within 1 hour of collection, centrifuge and aliquot 1 mL of serum into a plastic vial.
2. Send refrigerated.

Specimen Minimum Volume

Serum: 0.3 mL Note: This volume does not allow for repeat testing.

Reject Due To

Gross hemolysis:	Reject
Thawing:	Warm OK; Cold OK
Gross lipemia:	Reject
Gross icterus	Reject
Specimens other than serum	Reject
Bacterial contamination	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Ambient	7 days	
	Frozen	60 days	

Clinical & Interpretive

Clinical Information

Refer to <https://www.labcorp.com/test-menu/search>

Reference Values

Negative

Performance

PDF Report

No

Report Available

16 to 25 days

Performing Laboratory Location

Esoterix Endocrinology

Fees & 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 account representative. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

CPT Code Information

83516

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value

FATHO	Anti-Th/To Ab	81743-7
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Result ID	Test Result Name	Result LOINC® Value
FATHO	Anti-Th/To Ab	81743-7