

Overview

Method Name

Immunoassay (IA)

NY State Available

Yes

Specimen

Specimen Type

Urine

Specimen Required

Patient Preparation: Avoid direct sunlight. Patient should refrain from taking allergy causing drugs, antihistamines, oral corticosteroids, and substances which block H2 receptors for at least 24 hours prior to specimen collection.

Specimen Type: Urine

Submission Container/Tube: Plastic, 10-mL tube (T068)

Specimen Volume: 4 mL

Collection Instructions:

1. Collect urine for 24 hours, with 10 mL 6N HCL preservative.

2. Avoid direct sunlight during the 24-hour collection.

3. Send specimen refrigerated in the plastic, 10-mL urine tube (T068).

4. Collection volume and duration are required.

Specimen Minimum Volume

2 mL

Reject Due To

Thawing**	Warm < 48 hours OK; Cold OK
List other reasons for rejection	Random Urine

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Ambient	48 hours	
	Frozen	14 days	

Clinical & Interpretive

Clinical Information

Histamine is a mediator of the allergic response. Histamine release causes itching, flushing, hives, vomiting, syncope, and even shock. In addition, some patients with gastric carcinoids may exhibit high concentrations of histamine.

Reference Values

0.006-0.131 mg/24 h

Performance

PDF Report

No

Day(s) Performed

Tuesday, Friday

Report Available

5 to 11 days

Performing Laboratory Location

Quest Diagnostics Nichols Institute

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 performed using a kit that has not been cleared or approved by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. This test should not be used for diagnosis without confirmation by other medically established means.

CPT Code Information

83088

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FHI24	Histamine, 24-Hour U	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z6284	Histamine, 24 hr Urine	9410-2
Z6283	Total Volume	3167-4