

## 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              |