

Overview

Method Name

Direct Radioimmunoassay

NY State Available

No

Specimen

Specimen Type

Plasma EDTA

Specimen Required

Patient Preparation:

- 1. Fasting: 10 to 12 hours
- 2. Patient **should not** be on any medications that affect insulin secretion or intestinal motility, if possible, for at least 48 hours prior to collection.

**Supplies:** GI Preservative (T125)

Collection Container/Tube:

**Preferred:** Lavender top (EDTA)

**Acceptable:** GI preservative tube

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 3 mL plasma

Collection Instructions:

- 1. Centrifuge as soon as possible and aliquot 3 mL of plasma into a plastic vial.
- 2. Freeze plasma immediately after separation
- 3. Send frozen.

Specimen Minimum Volume

Plasma: 1 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Plasma EDTA	Frozen (preferred)	180 days	
	Refrigerated	7 days	

Clinical & Interpretive

Clinical Information

Refer to [www.interscienceinstitute.com/individual-assays/](http://www.interscienceinstitute.com/individual-assays/)

Reference Values

Up to 25 pg/mL

Performance

PDF Report

Referral

Day(s) Performed

Monday through Friday

Report Available

9 to 11 days

Performing Laboratory Location

Inter Science 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 has not been cleared or approved by the US Food and Drug Administration.

This test was developed and its performance characteristics determined by Inter Science Institute. Values obtained with different methods, laboratories, or kits cannot be used interchangeably with the results on this report. The results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

CPT Code Information

84307

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FSOM1	Somatostatin (Plasma)	2961-1

Result ID	Test Result Name	Result LOINC® Value
FSOM1	Somatostatin (Plasma)	In Process