



## **Ustekinumab and Anti-Ustekinumab Antibody, DoseASSURE UST**

**Explanation:** The following new orderable, referred to Esoterix, will be available on March 17, 2020.

**Test ID:** FUKAU

**Useful for:**

Provides ustekinumab drug concentration and anti-ustekinumab antibodies in order to optimize treatment and facilitate clinical decision-making.

This assay may be helpful in any patients on ustekinumab therapy for Crohn's disease, psoriasis, or other autoimmune conditions.

**Methods:**

Electrochemiluminescence immunoassay (ECLIA)

**Reference Values:**

**Ustekinumab:**

Quantitation Limit: <0.1 ug/mL

Results of 0.1 ug/mL or higher indicate detection of ustekinumab

In the presence of anti-ustekinumab antibodies, the ustekinumab drug level reflects the free, antibody-unbound fraction of ustekinumab in serum

**Anti-Ustekinumab Antibody:**

Quantitation Limit: <40 ng/mL

Results of 40 ng/mL or higher indicate detection of anti-ustekinumab antibodies.

**Specimen Requirements:****Container/Tube:** Red or SST**Preferred:** Serum**Specimen Volume:** 3 mL**Collection Instructions:** **Collection Instructions:** Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 3 mL of serum frozen in a plastic vial.To avoid delays in turnaround time when requesting multiple tests, **please submit separate frozen specimens for each test requested.****Minimum Volume:** 1 mL**Specimen Stability Information:**

Specimen Type	Temperature	Time
Serum	Frozen (Preferred)	14 days
	Ambient	14 days
	Refrigerated	14 days

**Fee:**  
\$285.00**CPT Code:**  
80299, 82397**Day(s) Setup:** Wednesday      **Analytic Time:** 2 days**Note:**

The following referral test code(s) will become obsolete.

Test Name	Test ID	Referral Lab Code	Referral Lab
Ustekinumab and Anti-Ustekinumab Antibodies, Serum	FUAUA	MML1341	Inform Diagnostics, Inc

**Questions:**

Contact MCL Referrals Supervisor Amy Bluhm at 800-533-1710.