

## Diabetes Mellitus Type 1 Evaluation, Serum

**Test ID:** DBS1

**Explanation:**

As part of ongoing efforts to enhance testing efficiencies and reduce the use of radioimmunoassays, this test will become obsolete effective August 18, 2025. The recommended alternate test is listed below.

**Note:** Our commitment to delivering answers to patients is our top priority. We apologize for any inconvenience. Please be assured that we are here to support you throughout this transition. We look forward to continuing to serve your needs in other capacities. If you have any questions, Customer Service is available to assist you.

The client-specific fee will be honored for 30 days.

**Recommended Alternative Test:**

## Diabetes Autoimmune Profile

**Test ID:** FDAIP

**Methodology:**

Enzyme-Linked Immunosorbent Assay (ELISA), Radioimmunoprecipitation

**Reference Values:**

Insulin Antibodies

<5.0 uU/mL: Negative

> or =5.0 uU/mL: Positive

Anti GAD 65 Antibodies

<5.0 U/mL: Negative

> or =5.0 U/mL: Positive

IA-2 Autoantibodies

<7.5 U/mL: Negative

> or =7.5 U/mL: Positive

ZNT8 Antibodies

<15 U/mL: Negative

> or =15 U/mL: Positive

Reference ranges apply to all ages.

### Specimen Requirements:

**Container/Tube:**

**Preferred:** Serum gel

**Acceptable:** Red top

**Submission Container/tube:** Plastic vial

**Specimen Volume:** 2.5 mL

**Collection Instructions:**

1. Centrifuge and aliquot 2.5 mL of serum into a plastic vial.
2. Freeze immediately and send frozen.

**Minimum Volume:** 1 mL (Note: This volume does **not** allow for repeat testing)

### Specimen Stability Information:

Specimen Type	Temperature	Time
Serum	Frozen	7 days

### CPT Code:

86337

86341x3

**Day(s) Performed:** Varies

**Report Available:** 10 to 19 days

**NYS Approved:** No

### Questions

Contact Amy Ennis, Laboratory Resource Coordinator at 800-533-1710.