

# **Test Definition: VEDOZ**

Vedolizumab Quantitation with Antibodies,
Serum

Reporting Title: Vedolizumab QN with Antibodies, S

Performing Location: Rochester

## **Ordering Guidance:**

If there is a known justification for performing both quantitation and antibody levels, this is the correct test to order. If there is not a known reason to perform the antibodies component, consider VEDOL / Vedolizumab Quantitation with Reflex to Antibodies, Serum. VEDOL testing begins with vedolizumab quantitation When the quantitation results are 15.0 mcg/mL or less, testing for antibodies to vedolizumab will be performed.

# **Specimen Requirements:**

#### **Patient Preparation:**

- 1. For 12 hours before specimen collection do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.
- 2. Nivolumab (Opdivo) must be discontinued at least 4 weeks prior to testing for vedolizumab quantitation in serum.

#### **Collection Container/Tube:**

Preferred: Red top
Acceptable: Serum gel

Submission Container/Tube: Plastic vial

**Specimen Volume:** 1.5 mL **Collection Instructions:** 

- 1. Draw blood immediately before next scheduled dose (trough specimen).
- 2. Centrifuge and aliquot serum into a plastic vial within 2 hours of collection.

#### Forms:

If not ordering electronically, complete, print, and send 1 of the following with the specimen:

- -Gastroenterology and Hepatology Test Request (T728)
- -<u>Therapeutics Test Request</u> (T831)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	

# **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
602807	Vedolizumab QN, S	Numeric	mcg/mL	90805-3
603298	Vedolizumab Ab, S	Numeric	ng/mL	86899-2
603299	VEMAB Interpretation	Alphanumeric		59462-2

LOINC® and CPT codes are provided by the performing laboratory.

# **Supplemental Report:**



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No

# **Components:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
VEDOL	Vedolizumab QN, S	1	80280	Yes	Yes
VEMAB	Vedolizumab Ab, S	1	82397	Yes	No

### **CPT Code Information:**

80280

82397

#### **Reference Values:**

**VEDOLIZUMAB QUANTITATION:** 

Vedolizumab lower limit of quantitation=2.0 mcg/mL

**VEDOLIZUMAB ANTIBODIES:** 

Antibodies to vedolizumab: <9.8 ng/mL