

Reporting Title: BP 180 and 230, Serum
Performing Location: Rochester

Specimen Requirements:
Collection Container/Tube:
Preferred: Red top
Acceptable: Serum gel
Submission container/tube: Plastic vial
Specimen Volume: 1 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	14 days	
	Frozen	30 days	
	Ambient	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
606816	BP 180, S	Numeric	RU/mL	53842-1
606817	BP 230, S	Numeric	RU/mL	53843-9

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

Supplemental Report:
No

CPT Code Information:
83516 x 2

Reference Values:
BULLOUS PEMPHIGOID 180:
<20 RU/mL (negative)
> or =20 RU/mL (positive)

BULLOUS PEMPHIGOID 230:
<20 RU/mL (negative)
> or =20 RU/mL (positive)