

Reporting Title: Infliximab QN with Antibodies, S
Performing Location: Rochester

Specimen Requirements:

Patient Preparation:

1. Draw blood immediately before next scheduled dose (trough specimen).

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.

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 1.2 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial within 2 hours of collection.

Forms:

If not ordering electronically, complete, print, and send a [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen.

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

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------------|--------------|--------|---------|
| 36654 | INXAB Interpretation | Alphanumeric | | 59462-2 |
| 63417 | Infliximab Ab, S | Numeric | U/mL | 72623-2 |
| 63000 | Infliximab, S | Numeric | mcg/mL | 39803-2 |
| 36847 | Interpretation | Alphanumeric | | 59462-2 |

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

Supplemental Report:

No

Components:

| Test Id | Reporting Name | CPT Units | CPT Code | Always Performed | Available Separately |
|---------|------------------|-----------|----------|------------------|----------------------|
| INFX | Infliximab, S | 1 | 80230 | Yes | Yes, (INFXR) |
| INXAB | Infliximab Ab, S | 1 | 82397 | Yes | No |

CPT Code Information:

INFX - 80230
INXAB - 82397

Reference Values:

INFLIXIMAB QUANTITATION:
Limit of quantitation is 1.0 mcg/mL. Therapeutic ranges are disease specific.

Pediatric reference ranges are not established.

INFLIXIMAB ANTIBODIES

Absence of antibodies to infliximab (ATI) is defined as <50 U/mL
Presence of ATI is reported as positive when concentrations are > or =50 U/mL