

Test Definition: INFXR

Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum

Reporting Title: Infliximab QN with Reflex to Ab, S

Performing Location: Rochester

Specimen Requirements:

Patient Preparation:

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

2. **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 mL

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

Forms:

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

- -Gastroenterology and Hepatology Test Request (T728)
- -Therapeutics Test Request (T831)
- -General Request (T239)

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

Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
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	No

CPT Code Information:



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80230

82397-(if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
INXAB	Infliximab Ab, S	1	82397	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Туре	Unit	LOINC®
INXAB	36654	INXAB Interpretation	Alphanumeric		59462-2
INXAB	63417	Infliximab Ab, S	Numeric	U/mL	72623-2

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