

Reporting Title: Certolizumab and Anti-Certo Ab
Performing Location: Esoterix Endocrinology

Specimen Requirements:

Specimen Type: Serum

Container/Tube: Red or SST

Specimen Volume: 2 mL

Collection Instructions: Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 2 mL of serum frozen in a plastic vial.

To avoid delays in turnaround time when requesting multiple tests, **please submit separate frozen specimens for each test requested.**

Forms:

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

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z5637	Certolizumab	Alphanumeric		87404-0
Z5638	Anti-Certolizumab Antibody	Alphanumeric		87405-7

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

Supplemental Report:

No

CPT Code Information:

80299

82397

Reference Values:

Certolizumab:

Quantitation Limit: <1.0 ug/mL

Results of 1 ug/mL or higher indicate detection of certolizumab

Anti-Certolizumab Antibody:

Quantitation Limit: <40 ng/mL

Results of 40 ng/mL or higher indicate detection of anti-certolizumab pegol antibodies.