

Reporting Title: Golimumab and Anti-Gol Ab
Performing Location: Esoterix Endocrinology

Specimen Requirements:

Specimen Type: Serum

Container/Tube: SST or Red

Specimen Volume: 3 mL

Collection Instructions: Draw blood in a serum gel tube(s), plain red-top tube(s) is acceptable. **Serum must be separated from cells within 45 minutes of venipuncture.** Spin down and send 3 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.**

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	7 days	
	Ambient	7 days	
	Refrigerated	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z5639	Golimumab	Alphanumeric		87406-5
Z5640	Anti-Golimumab Antibody	Alphanumeric		87407-3

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

Supplemental Report:

No

CPT Code Information:

80299
82397

Reference Values:

Golimumab:

Quantitation Limit: <0.5 ug/mL

Results of 0.5 ug/mL or higher indicate detection of Golimumab
In the presence of serum anti-golimumab antibodies, the golimumab drug level reflects the antibody-unbound (free) fraction of golimumab in serum

Anti-Golimumab Antibody:

Quantitation Limit: <20 ng/mL

Results of 20 or higher indicate detection of anti-Golimumab antibodies.