

Reporting Title: Carb Def Transferrin, Adult, S  
Performing Location: Rochester

Ordering Guidance:  
This test is for evaluation of alcohol abuse. If the ordering physician is looking for congenital disorders of glycosylation, order CDG / Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation, Serum.

- Necessary Information:
- 1. Patient's age is required.
  - 2. Reason for testing is required if patient is younger than 21 years.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.1 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:  
If not ordering electronically, complete, print, and send a [Therapeutics Test Request](#) (T831) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	45 days	
	Refrigerated	28 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
31714	Mono-oligo/Di-oligo Ratio	Alphanumeric		35469-6
31715	Interpretation	Alphanumeric		59462-2

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

Supplemental Report:  
No

CPT Code Information:  
82373

Reference Values:  
< or =0.10

**Test Definition: CDTA**

Carbohydrate Deficient Transferrin, Adult,  
Serum

0.11-0.12 (indeterminate)