MAYO CLINIC LABORATORIES

Test Definition: FHSTW
Histamine, Whole Blood

Reporting Title: Histamine, Whole Blood
Performing Location: ARUP Laboratories

Specimen Requirements:
Collect blood in a green top tube (sodium or lithium heparin). Submit 1 mL well-mixed blood in a plastic screw cap tube frozen.

NOTE: 1. Critical frozen. Separate samples must be submitted when multiple tests are ordered.
2. Unacceptable: non-frozen samples

Specimen Minimum Volume:
0.5 mL

Specimen Type	Temperature	Time	Special Container
WB Heparin	Frozen	180 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
Z2753	Histamine, Whole Blood	Alphanumeric		46436-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:

83088

Reference Values:

180 - 1800 nmol/L