

Reporting Title: Vedolizumab QN, S**Performing Location:** Rochester**Ordering Guidance:**

If both quantitation and antibody testing are needed, regardless of the quantitation results, order VEDOZ / Vedolizumab Quantitation with Antibodies, Serum.

Specimen Requirements:

Patient Preparation:

1. For 12 hours before specimen collection, patient should not take multivitamins or dietary supplements (eg, hair, skin, and nail supplements) containing biotin (vitamin B7).
2. Nivolumab (Opdivo) must be discontinued at least 4 weeks prior to testing for vedolizumab quantitation in serum.

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 1.5 mL

Collection Instructions:

1. Draw blood immediately before next scheduled dose (trough specimen).
2. Centrifuge and aliquot serum into a plastic vial within 2 hours of collection.

Specimen Minimum Volume:

0.75 mL

Forms:

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

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

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
602807	Vedolizumab QN, S	Numeric	mcg/mL	90805-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80280

82397 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
VEMAB	Vedolizumab Ab, S			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
VEMAB	603298	Vedolizumab Ab, S	Numeric	ng/mL	86899-2
VEMAB	603299	VEMAB Interpretation	Alphanumeric		59462-2

Reference Values:**VEDOLIZUMAB QUANTITATION:**

Vedolizumab lower limit of quantitation: 2.0 mcg/mL

VEDOLIZUMAB ANTIBODIES:

Antibodies to vedolizumab: <9.8 ng/mL