

Test Definition: VEDOZ

Vedolizumab Quantitation with Antibodies, Serum

Reporting Title: Vedolizumab QN with Antibodies, S

Performing Location: Rochester

Ordering Guidance:

If there is a known justification for performing both quantitation and antibody levels, this is the correct test to order. If there is not a known reason to perform the antibodies component, consider VEDOL / Vedolizumab Quantitation with Reflex to Antibodies, Serum. VEDOL testing begins with vedolizumab quantitation When the quantitation results are 15.0 mcg/mL or less, testing for antibodies to vedolizumab will be performed.

Specimen Requirements:

Patient Preparation:

- 1. For 12 hours before specimen collection do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.
- 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	



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Result Codes:

Result ID	Reporting Name	Туре	Unit	LOINC®
602807	Vedolizumab QN, S	Numeric	mcg/mL	90805-3
	Also used by tests: VEDOL			
603298	Vedolizumab Ab, S	Numeric	ng/mL	86899-2
603299	VEMAB Interpretation	Alphanumeric		59462-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

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

CPT Code Information:

80280 82397

Reference Values:

VEDOLIZUMAB QUANTITATION:

Vedolizumab lower limit of quantitation=2.0 mcg/mL

VEDOLIZUMAB ANTIBODIES:

Antibodies to vedolizumab: <9.8 ng/mL