

Reporting Title: BP 180 and 230, Serum**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission container/tube: Plastic vial

Specimen Volume: 1 mL

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

Specimen Minimum Volume:

0.5 mL

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	14 days	
	Frozen	30 days	
	Ambient	14 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
606816	BP 180, S	Numeric	RU/mL	53842-1
606817	BP 230, S	Numeric	RU/mL	53843-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83516 x 2

Reference Values:

BULLOUS PEMPHIGOID 180:

<20 RU/mL (negative)

> or =20 RU/mL (positive)

BULLOUS PEMPHIGOID 230:

<20 RU/mL (negative)

> or =20 RU/mL (positive)