
Reporting Title: Recoverin Immunoblot, S
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:

See Specimen Required

Forms:

If not ordering electronically, complete, print, and send a Neurology Specialty Testing Client Test Request (T732) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Frozen	28 days	
	Ambient	72 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
610009	Recoverin Immunoblot, S	Alphanumeric		83003-4

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84182

Reference Values:

Negative