

Reporting Title: Apolipoprotein B, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial. Send refrigerated.

Specimen Minimum Volume:

0.5 mL

Forms:

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

-Cardiovascular Test Request Form (T724)

-General Test Request (T239)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	8 days	
	Frozen	60 days	
	Ambient	24 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
APOLB	Apolipoprotein B, S	Numeric	mg/dL	1884-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82172

Reference Values:

Less than 2 years: Not established

2-17 years:

Acceptable: <90 mg/dL

Borderline high: 90-109 mg/dL

High: > or =110 mg/dL

Greater than 18 years:

Desirable: <90 mg/dL

Above Desirable: 90-99 mg/dL

Borderline high: 100-119 mg/dL

High: 120-139 mg/dL

Very high: > or =140 mg/dL