

Reporting Title: Iohexol, Plasma**Performing Location:** Rochester**Specimen Requirements:**

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube: Green top (heparin)

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

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

Specimen Minimum Volume:

0.5 mL

Forms:

If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

Specimen Type	Temperature	Time	Special Container
Plasma Heparin	Refrigerated (preferred)	7 days	
	Frozen	35 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
61713	Iohexol, P	Numeric	mcg/mL	93974-4

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82542

Reference Values:

Not applicable