

Reporting Title: Infliximab QN with Reflex to Ab, S**Performing Location:** Rochester**Specimen Requirements:**

Patient Preparation:

1. Draw blood immediately before next scheduled dose (trough specimen).
2. 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.

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 plastic vial within 2 hours of collection.

Specimen Minimum Volume:

0.5 mL

Forms:

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

- Gastroenterology and Hepatology Test Request (T728)
- Therapeutics Test Request (T831)
- General Request (T239)

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	28 days	
	Frozen	28 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
63000	Infliximab, S Also used by tests: INFx	Numeric	mcg/mL	39803-2
36847	Interpretation Also used by tests: INFx	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
INFx	Infliximab, S			Yes	No

CPT Code Information:

80230

82397-(if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
INXAB	Infliximab Ab, S			No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
INXAB	63417	Infliximab Ab, S	Numeric	U/mL	72623-2
INXAB	36654	INXAB Interpretation	Alphanumeric		59462-2

Reference Values:**INFLIXIMAB QUANTITATION:**

Limit of quantitation is 1.0 mcg/mL. Therapeutic ranges are disease specific.

Pediatric reference ranges are not established.

INFLIXIMAB ANTIBODIES

Absence of antibodies to infliximab (ATI) is defined as <50 U/mL

Presence of ATI is reported as positive when concentrations are > or =50 U/mL