



Reporting Title: Certolizumab and Anti-Certo Ab

Performing Location: Esoterix Endocrinology

Specimen Requirements:

Specimen Type: Serum

Container/Tube: Red or SST

Specimen Volume: 2 mL

Collection Instructions: Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 2 mL of serum frozen in a plastic vial.

To avoid delays in turnaround time when requesting multiple tests, please submit separate frozen specimens for each test requested.

Specimen Minimum Volume:

0.60 mL (Note: This volume does not allow for repeat testing.)

Forms:

If not ordering electronically, complete, print, and send Gastroenterology and Hepatology Test Request (T728) with the specimen

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------|---------|-------------------|
| Serum | Frozen (preferred) | 14 days | |
| | Refrigerated | 14 days | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------------------|--------------|------|---------|
| Z5637 | Certolizumab | Alphanumeric | | 87404-0 |
| Z5638 | Anti-Certolizumab Antibody | Alphanumeric | | 87405-7 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80299

82397



Reference Values:

Certolizumab:

Quantitation Limit: <1.0 ug/mL

Results of 1 ug/mL or higher indicate detection of certolizumab

Anti-Certolizumab Antibody:

Quantitation Limit: <40 ng/mL

Results of 40 ng/mL or higher indicate detection of anti-certolizumab pegol antibodies.