

**Reporting Title:** Golimumab and Anti-Gol Ab**Performing Location:** Esoterix Endocrinology**Specimen Requirements:**

Specimen Type: Serum

Container/Tube: SST or Red

Specimen Volume: 3 mL

Collection Instructions: Draw blood in a serum gel tube(s), plain red-top tube(s) is acceptable. Serum must be separated from cells within 45 minutes of venipuncture. Spin down and send 3 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:**

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

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	7 days	
	Ambient	7 days	
	Refrigerated	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
Z5639	Golimumab	Alphanumeric		87406-5
Z5640	Anti-Golimumab Antibody	Alphanumeric		87407-3

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

80299

82397

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**Reference Values:**

Golimumab:

Quantitation Limit: <0.5 ug/mL

Results of 0.5 ug/mL or higher indicate detection of Golimumab

In the presence of serum anti-golimumab antibodies, the golimumab drug level reflects the antibody-unbound (free) fraction of golimumab in serum

Anti-Golimumab Antibody:

Quantitation Limit: <20 ng/mL

Results of 20 or higher indicate detection of anti-Golimumab antibodies.