
Reporting Title: Carb Def Transferrin, Adult, S
Performing Location: Rochester**Ordering Guidance:**

This test is for evaluation of alcohol abuse. If the ordering physician is looking for congenital disorders of glycosylation, order CDG / Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation, Serum.

Necessary Information:

1. Patient's age is required.
2. Reason for testing is required if patient is younger than 21 years.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.1 mL

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

Specimen Minimum Volume:

0.05 mL

Forms:

If not ordering electronically, complete, print, and send a Therapeutics Test Request (T831) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	45 days	
	Refrigerated	28 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
31714	Mono-oligo/Di-oligo Ratio	Alphanumeric		35469-6
31715	Interpretation	Alphanumeric		59462-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82373

Reference Values:

< or =0.10

0.11-0.12 (indeterminate)