

TEST CHANGE

Thyroxine Antibody

Reference Interval:

By report

| 0099728, ANTI-14 | |
|-------------------------------|--|
| Specimen Requirements: | |
| Patient Preparation: | |
| Collect: | Plain red <u>or serum</u> . Also acceptable: Serum separator tube (SST). |
| Specimen Preparation: | Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered. |
| Transport Temperature: | <u>Frozen.</u> Room temperature. Also acceptable: <u>Room</u> temperature <u>Refrigerated</u> or <u>refrigerated</u> frozen. |
| Unacceptable Conditions: | Glass containers. Grossly hemolyzed or lipemic specimens. |
| Remarks: | |
| Stability: | Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: <u>28 days</u> 4 weeks |
| Methodology: | Quantitative Radiobinding Assay |
| Performed: | Varies |
| Reported: | <u>8-14</u> 4-11 days |
| Note: | |
| CPT Codes: | 83519 |
| New York DOH Approval Status: | This test is New York DOH approved. |
| Interpretive Data: | |
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Effective Date: November 4, 2024