

TEST CHANGE

Anti-Angiotensin Type 1 Receptor (AT1R)

3018823, AT1R

Specimen Requirements:

Patient Preparation: Collect specimen prior to hemodialysis.

Collect: Plain red.

Specimen Preparation: Transfer 3 mL serum to an ARUP standard transport tube. (Min: 0.5) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Frozen. Also acceptable: Refrigerated

Unacceptable Conditions:

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months

Methodology: Enzyme-Linked Immunosorbent Assay (ELISA)

Note: Order must indicate transplant type and whether the specimen is pre- or post-transplant.

CPT Codes: 86316

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Reference Interval: