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## LAB ALERT – NEW TEST REPLACING CURRENT TEST

NOTIFICATION DATE: 10/25/2013

EFFECTIVE DATE: 11/18/2013

### SOMATOSTATIN BY CLIA, PLASMA

<b>TEST CODE:</b>	SOMATP
<b>INTERFACE CODE:</b>	1004436
<b>TEST CODE TO BE DEACTIVATED:</b>	SOMATA
<b>INTERFACE CODE TO BE DEACTIVATED:</b>	1001647
<b>REASON FOR CHANGE:</b>	Change in Methodology, Specimen Collection, and Reference Range
<b>METHODOLOGY:</b>	Quantitative Chemiluminescent Immunoassay
<b>PERFORMED:</b>	Varies, Reported in 6-16 days
<b>COLLECTION:</b>	Protease Inhibitor tube (Available from Client Services supply #49662). A winged collection set must be used. Mix Collection tube thoroughly. NOT RECOMMENDED: Filling collection tubes directly through a needle/tube-holder assembly. This increases the risk of chemical reflux back into the vein of the patient. WARNING: Collection tubes are NOT STERILE.
<b>SPECIMEN PREPARATION:</b>	Separate the plasma from cells within 1 hour of collection by centrifugation. Transfer 2 mL plasma to a Standard Transport Tube and freeze. (Min: 0.5 mL) Do not submit the collection tube for testing.
<b>STABILITY (FROM COLLECTION TO INITIATION OF TESTING)</b>	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month
<b>TRANSPORT:</b>	Frozen. Separate specimens must be submitted when multiple tests are ordered.
<b>UNACCEPTABLE CONDITIONS:</b>	Thawed specimens. Grossly hemolyzed, lipemic specimens or specimens without protease inhibitor added
<b>REFERENCE RANGE:</b>	< or = 65 pg/mL

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**CPT CODE(S):** 84307

**PERFORMING LAB:** ARUP Laboratories

**ORDER/CONTACT INFORMATION:** *ClearPoint Client Services: 972-966-7700 | Fax: 972-966-7799*