

Reporting Title: Transferrin, S**Performing Location:** Rochester**Specimen Requirements:****Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)**Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Collection Instructions:**

1. Within 2 hours of collection, centrifuge the specimen.
2. For serum gel tubes, aliquot serum into a plastic vial prior to shipment.
3. For red-top tubes, aliquot the serum into a plastic vial immediately after centrifuging.

Forms:

If not ordering electronically, complete, print, and send a [Benign Hematology Test Request Form](#) (T755) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Ambient	7 days	
	Refrigerated (preferred)	7 days	
	Frozen	180 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
TRSF	Transferrin, S	Numeric	mg/dL	3034-6

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84466

Reference Values:

200-360 mg/dL