

Overview**Method Name**

Immunoassay

NY State Available

Yes

Specimen**Specimen Type**

Serum

Specimen Required**Collection Container/Tube:****Preferred:** Red top**Acceptable:** Serum gel**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Collection Instructions:** Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 1 mL of serum refrigerated in a plastic vial.**Specimen Minimum Volume**

0.5 mL

Reject Due To

Gross Hemolysis	Reject
Gross Lipemia	Reject
Gross Icterus	Reject

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	30 days	
	Ambient	4 days	

Clinical & Interpretive**Reference Values**

<1.0 Negative AI

Performance**PDF Report**

No

Day(s) Performed

Tuesday through Saturday

Report Available

5 to 9 days

Performing Laboratory Location

Quest Diagnostics Nichols Institute

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

CPT Code Information

86235

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FCNAB	Chromatin (Nucleosomal) Ab	34416-8

Result ID	Test Result Name	Result LOINC® Value
FCNAB	Chromatin (Nucleosomal) Ab	34416-8