

## Overview

### Method Name

Electrochemiluminescence immunoassay (ECLIA)

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Specimen Required

**Specimen Type:** Serum

**Container/Tube:** SST or Red

**Specimen Volume:** 3 mL

**Collection Instructions:** Draw blood in a serum gel tube(s), plain red-top tube(s) is acceptable. **Serum must be separated from cells within 45 minutes of venipuncture.** Spin down and send 3 mL of serum frozen in a plastic vial.

To avoid delays in turnaround time when requesting multiple tests, **please submit separate frozen specimens for each test requested.**

### Specimen Minimum Volume

1 mL (Note: This volume does not allow for repeat testing.)

### Reject Due To

Gross hemolysis	Gross reject; Mild OK
Gross lipemia	Reject
Gross icterus	NA
Other/Tissue/Swab	Specimens other than indicated

### Specimen Stability Information

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

	Refrigerated	7 days	
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## Clinical & Interpretive

### Reference Values

**Golimumab:**

Quantitation Limit: &lt;0.5 ug/mL

Results of 0.5 ug/mL or higher indicate detection of Golimumab

In the presence of serum anti-golimumab antibodies, the golimumab drug level reflects the antibody-unbound (free) fraction of golimumab in serum

**Anti-Golimumab Antibody:**

Quantitation Limit: &lt;20 ng/mL

Results of 20 or higher indicate detection of anti-Golimumab antibodies.

### Cautions

Failure of golimumab therapy may not always be due to the presence of anti-golimumab antibodies. Conversely, the absence of anti-golimumab antibodies does not guarantee response to treatment.

## Performance

**PDF Report**

No

**Day(s) Performed**

Tuesday

**Report Available**

7 to 18 days

**Performing Laboratory Location**

Esoterix Endocrinology

## Fees & Codes

**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.

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- 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](#).

**Test Classification**

These tests were developed and their performance characteristics determined by LabCorp. They have not been cleared or approved by the Food and Drug Administration.

**CPT Code Information**

80299

82397

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FGAGA	Golimumab and Anti-Gol Ab	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z5639	Golimumab	87406-5
Z5640	Anti-Golimumab Antibody	87407-3