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BasoFunction HRT Cefazolin

Test Code: 501384

Clinical and Procedure

Clinical Utility

The BasoFunction test may be useful with patients who have a suggestive history of adverse reactions to the indicated allergen and for whom skin testing is not appropriate or available.

Procedure

Cell Setup: Peripheral blood leukocytes are enriched from heparinized whole blood and stimulated with fMLP Basophil Activation Test, allergen (BasoFunction Test) or buffer alone. Following a brief culture the supernatant containing secreted histamine is separated from the cells. Histamine Test: A validated histamine ELISA quantifies histamine that was secreted by any stimulated control. Viracor Eurofins determined the performance characteristics of this test. This test has not been cleared or approved for diagnostic use by the U.S. Food and Drug Administration.

Turnaround Time

3-4 business days from receipt of specimen

Specimen Information

Specimen Type	Order Code	CPT Code	NY Approved	Volume	Assay Range
whole blood	501384	86352	Yes	8-10 mL (min. full 4 mL tube)	The reference range varies for each allergen

Special Instructions

- 8-10 mL whole blood (for 5 antigens) collected and shipped in original sodium heparin (green top) tube.
- Keep blood at room temperature at all times. Specimen must arrive within 48 hours of draw.
- Samples are to be shipped by overnight delivery. Samples are received Monday through Friday.
- Patients taking calcineurin inhibitors should stop their medication 72 hours prior to draw. Patients taking prednisone should stop medication for 2 weeks prior to draw.
- Stability 48 hours ambient.

The reference range varies for each allergen

Shipping

Ship OVERNIGHT. Samples are received Monday thru Friday ONLY. Specimen MUST BE received within 48 hours of draw.

Causes for Rejection

Hemolyzed, frozen or refrigerated blood is not acceptable and will be rejected for testing. Do Not use Lithium Heparin tubes

Disclaimer

Specimens are approved for testing in New York only when indicated in the Specimen Information field above.

The CPT codes provided are based on Viracor Eurofins' interpretation of the American Medical Association's Current Procedural Terminology (CPT) codes and are provided for general informational purposes only. CPT coding is the sole responsibility of the billing party. Questions regarding coding should be addressed to your local Medicare carrier. Viracor Eurofins assumes no responsibility for billing errors due to reliance on the CPT codes illustrated in this material.

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References

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