

## Insulin Resistance Test

Order Name: **INSULIN R**  
 Test Number: 2006775  
 Revision Date: 09/20/2017

TEST NAME	METHODOLOGY	LOINC CODE
Insulin Total, Fasting	Chemiluminescence Assay	27873-9
Glucose Total, Fasting	Hexokinase	1558-6
Insulin 2 Hour Total	Chemiluminescence Assay	27826-7
Glucose 2 Hour Total	Hexokinase	20436-2

### SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	1 mL (0.5)	Serum and Plasma	Sodium Fluoride (Gray) and Clot Activator SST (Gold Top)	Refrigerated
<b>Instructions</b>	Overnight fasting is required. Draw a fasting glucose and insulin. Administer 75 gms of glucola. Draw a 2 hour glucose and insulin (post glucola). Note time drawn on tubes. Insulin assay not recommended for patients with insulin autoantibody. Use Free Insulin assay if autoantibody positive.			

### GENERAL INFORMATION

Testing Schedule	Mon - Fri
Expected TAT	2-3 days
CPT Code(s)	82947, 82952, 83525x2
Lab Section	Chemistry