Insulin, Serum

Order Name: INSULIN
Test Number: 2023075
Revision Date: 05/28/2021

TEST NAME			METHODOLOGY	LOINC CODE
Insulin, Serum			Chemiluminescence Assay	20448-7
SPECIMEN REQU	IREMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	2mL (0.5mL)	Serum	Clot Activator SST	Frozen
Instructions	Overnight fasting is required. Allow to clot then centrifuge aliquot 2mL(0.5mL) Serum into plastic aliquot tube and freeze ASAP. Stability: Ambient 8 hours, Refrigerated 2 days, Frozen 7 days. Insulin assay not recommended for patients with insulin autoantibody. Use Free Insulin assay if autoantibody positive.			

GENERAL INFORMATION		
Testing Schedule	Mon - Fri	
Expected TAT	1-3 days	
Clinical Use	Useful for the determination of insulin levels. Along with proinsulin and C-peptide measurements it may be useful in the diagnosis of insulinoma. May also be used in the management of diabetes mellitus.	
CPT Code(s)	83525	
Lab Section	Chemistry	

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