

# 1,5-Anhydroglucitol (1,5-AG), Intermediate Glycemic Control

**CPT Code:** 84378

**Order Code:** 10378

**ABN Requirement:** No

**Synonyms:** 1,5-anhydroglucitol

**Specimen:** Serum or EDTA Plasma

**Volume:** 1.0 mL

**Minimum Volume:** 0.5 mL

**Containe:** Gel-barrier (SST) tube or EDTA (Lavender-Top) tube

## **Collection:**

### **SST Serum:**

1. Collect and label SST tube according to standard protocols.
2. Gently invert tube 5 times immediately after draw. Do not shake.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.

## **OR**

### **EDTA Plasma:**

1. Collect and label a separate EDTA tube according to standard protocols.  
*Note: If not collecting SST tube, two EDTA tubes must be collected.*
2. Gently invert tube 8-10 times immediately after draw. Do not shake.
3. Centrifuge for 10 minutes
4. Pre-squeeze transfer pipet bulb and draw off approximately 2/3 of upper plasma layer.  
*Note: This ensures that the buffy coat and red cells remain undisturbed.*
5. Aliquot plasma into transport tube labeled as 'EDTA plasma' and cap rightly.
6. Discard original tube.

**Transport:** Store and transport sample at either refrigerated (2-8°C) or room temperature and ship the same day per packaging instructions included with the

provided shipping box.

**Stability:**

**Ambient (15-25°C):** 7 days

**Refrigerated (2-8°C):** 7 days

**Frozen (-20°C):** 28 days

**Causes for Rejection:** Hemolysis; Anticoagulants other than EDTA; Unspun serum separator tubes

**Methodology:** Enzymatic

**Turn Around Time:** 2 to 5 days

**Reference Range:**

Age	Male (mcg/mL)	Female (mcg/mL)
≤1 year	Not Established	Not Established
2-17 years	15.0-38.0	11.2-35.7
≥18 years	7.3-36.6	7.5-28.4

**Clinical Significance:** Diazyme 1,5-anhydroglucitol (1,5-AG) Assay is an enzymatic method intended for the quantitative determination of 1,5-anhydroglucitol (1,5-AG) in serum or plasma. The 1,5-AG Assay is for the intermediate term (preceding 1-2 weeks) monitoring of glycemic control in people with diabetes.

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.*