

Galectin-3

CPT Code: 82777

Order Code: C315

ABN Requirement: No

Specimen: Serum

Volume: 1.0 mL

Minimum Volume: 0.5 mL

Container:

Serum: Gel-barrier tube (SST, Tiger Top)

Collection:

Serum:

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Allow blood to clot for 30 minutes.
4. Centrifuge for 10 minutes.
5. Store and transport refrigerated.

Transport: Store serum at 2°C to 8°C after collection and ship the same day per packaging instructions included with the provided shipping box.

Stability:

Ambient (15-25°C): 22 days

Refrigerated (2-8°C): 22 days

Frozen (-20°C): 1 year

Deep Frozen (-70°C): 1 year

Causes for Rejection: Hemolyzed samples; specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits

Methodology: Enzyme-linked Immunoassay (ELISA)

Turn Around Time: 5 days

Relative Risk:

Age	Low Risk ng/mL	Moderate Risk ng/mL	High Risk ng/mL
All Ages	<17.9	17.9-25.9	>25.9

Clinical significance: A galectin-3 test may be ordered for the identification of individuals with chronic heart failure at elevated risk of disease progression.

Limitations: Hemolysis can falsely elevate results. Presence of human anti-mouse antibodies (HAMA) or rheumatoid factor (RF) greater than 50 IU/mL, or specimens with high levels of gamma globulins (≥ 2.5 g/dL), may cause falsely elevated results. Galectin-3 results should be interpreted with caution in patients with a history of therapeutic use of murine monoclonal antibodies (IgG) or their fragments, who have known autoimmune disorders, or who have diseases associated with hyperglobulinemia such as multiple myeloma. Levels of galectin-3 in the blood may be increased in patients with certain forms of advanced cancer and other conditions associated with organ fibrosis. Results should be interpreted with caution in such patients.

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.