Lipid Panel with TG/HDL-C

CPT Code: 80061 **Order Code:** 37848

Includes: Total Cholesterol, HDL Cholesterol, Triglycerides, LDL Cholesterol (calculated), Cholesterol/HDL-C (calculated), Non-HDL Cholesterol (calculated),

TG/HDL-C (calculated)

Refer to individual tests for analyte specific information.

ABN Requirement: No

Specimen: Serum **Volume**: 2.0 mL

Minimum Volume: 1.0 mL

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

Collection:

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 30 minutes.
- 4. Centrifuge for 10 minutes.

Fasting: Fasting is not required.

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): 2 days **Refrigerated (2-8°C):** 7 days

Frozen (-20°C): 28 days

Causes for Rejection: Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits; gross hemolysis

Methodology: Spectrophotometry, Calculations

Turn Around Time: 1 to 3 days

Relative Risk Range:

Clinical Significance: The lipid panel is used, along with other tests, during routine assessment to determine an individual's risk of cardiovascular disease. A lipid panel can also be used to monitor the efficacy of lifestyle interventions or medications.

Limitations: Patients treated with N-Acetyl Cysteine (NAC) for acetaminophen overdose may generate a false low result for cholesterol. Venipuncture immediately after or during the administration of Metamizole (Dipyrone) may lead to falsely low results for cholesterol and triglyceride. Venipuncture should be performed prior to the administration of Metamizole. In very rare cases gammopathy, especially monoclonal IgM (Waldenstrom's macroglobulinemia), may cause unreliable results.

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.