



Adiponectin

CPT Code: 83520

Order Code: C314

ABN Requirement: No

Specimen: Serum

Volume: 1.0 mL

Minimum Volume: 0.3 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.

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

Stability:

Ambient (15-25°C): 3 days

Refrigerated (2-8°C): 7 days

Frozen (-20°C): 21 days

Deep frozen (-70°C): Not Acceptable

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

Methodology: Enzyme Linked Immunosorbent Assay (ELISA)

Turn Around Time: 7 to 10 days

Reference Range:

| BMI | Adiponectin ($\mu\text{g/mL}$) | |
|-----------------------|----------------------------------|--------|
| | Male | Female |
| <25 kg/m^2 | 4-26 | 5-37 |
| 25-30 kg/m^2 | 4-20 | 5-28 |
| >30 kg/m^2 | 2-20 | 4-22 |

Intended Use: The adiponectin test may be performed on individuals at risk of metabolic syndrome or diabetes due to poor lifestyle choices.

Clinical Significance:

- Individuals with low adiponectin levels have a 3X greater risk of developing metabolic syndrome¹.
- Men with two or more risk factors for metabolic syndrome and high adiponectin levels are half as likely to develop metabolic syndrome as men with low adiponectin levels².
- Individuals with low levels of adiponectin are up to 9X as likely to develop type 2 diabetes³.
- Individuals with low adiponectin levels have a 2X increase in the prevalence of CAD⁴.
- Adiponectin levels in the blood can be increased by thiazolidinediones, such as pioglitazone⁵.

References:

1. Chen SJ et al. *PLoS ONE*. 2012; 7: e45693.
2. Kotooka N et al. *Int J Cardiol*. 2012 Nov 26. pii: S0167-5273(12)01441-6. doi:10.1016/j.ijcard.2012.10.066. [Epub ahead of print].
3. Daimon M et al. *Diabetes Care*. 2003; 26: 2015-2020.
4. Kumada M et al. *Arterioscler Thromb Vasc Biol*. 2003; 23: 35-39.
5. McCoy RG et al. *Mayo Clin Proc*. 2012; 87: 561-570.

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.