**Copper, Plasma**

**CPT Code:** 82525  
**Order Code:** C2453  
**ABN Requirement:** No  
**Synonyms:** Cu; Plasma Copper  
**Specimen:** EDTA Plasma  
**Volume:** 1.0 mL  
**Minimum Volume:** 0.5 mL  
**Container:** EDTA (Navy Blue top) tube

**Collection:**

1. Draw and gently invert 8 to 10 times.  
2. Centrifuge for 10 minutes.  
3. Pre-squeeze plastic transfer pipet bulb and draw off approximately 2/3 of the upper plasma layer. Do not use glass pipettes.  
   **Note:** This ensures that the buffy coat and red cells remain undisturbed.  
4. Aliquot plasma into labeled polypropylene transport tube labeled as “Navy EDTA plasma” and cap tightly. Discard original tube. Do not allow specimen to come into contact with polystyrene, metal, or rubber.  
5. Store transport tube refrigerated at 2-8°C until ready to ship.

**Special Information:** Do not allow specimen to come into contact with polystyrene, metal, or rubber. Centrifuge and transfer plasma to a polypropylene tube using a plastic transfer pipette. Do not use glass pipettes.

**Transport:** Store navy blue EDTA plasma at 2-8°C after collection and ship the same day per packaging instructions provided with the Cleveland HeartLab shipping box.

**Stability:**

- **Ambient (15-25°C):** 7 days  
- **Refrigerated (2-8°C):** 30 days  
- **Frozen (-20°C):** 1 year  
- **Deep Frozen (-70°C):** 1 year
Causes for Rejection: Specimens other than navy blue EDTA plasma; improper labeling; samples not stored properly; samples older than stability limits

Methodology: Inductively Coupled Plasma/Mass Spectrometry (ICP-MS)

Turn Around Time: 2-8 days

Reference Range:

Clinical Significance: Evaluate abnormal copper metabolism, e.g., Wilson’s Disease or Hodgkin’s Disease. Copper testing may also be ordered to evaluate trace element status following parenteral or enteral nutrition.

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.