**Apolipoprotein B / Apolipoprotein A1 Ratio**

**Order Code:** Calculation automatically triggers from ordering both ApoB and ApoA1 (C511)

**CPT Code:** 82172 (x2)

**ABN Requirement:** No

**Synonyms:** ApoB/ApoA1 Ratio

**Specimen:** Serum

**Volume:** 1.0 mL

**Minimum Volume:** 0.5 mL

**Container:** 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 30 minutes.
4. Centrifuge for 10 minutes.

**Patient Preparation:** Patient should be fasting 12 to 14 hours prior to collection.

**Transport:** Store serum at 2-8°C after collection 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):** 10 days
- **Frozen (-20°C):** 30 days

**Causes for Rejection:** Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits; gross hemolysis; gross lipemia; gross icterus
Methodology: Immunoturbidimetric Assay, Calculation

Turn Around Time: 1 to 3 days

Relative Risk:

Clinical Significance: Apolipoprotein A1 is the primary protein associated with HDL cholesterol. Like HDL cholesterol, increased ApoA1 concentrations are associated with reduced risk of cardiovascular disease. Apolipoprotein B-100 is the primary protein associated with LDL cholesterol and other lipid particles. Like LDL cholesterol, increased ApoB concentrations are associated with increased risk of cardiovascular disease. The ApoB/ApoA1 Ratio correlates with risk of cardiovascular disease.

Limitations: In very rare cases gammopathy, particularly of the monoclonal IgM type (e.g., Waldenstrom 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.