

Copper

CPT Code: 82525

Order Code: 363

ABN Requirement: No

Specimen: Royal (Navy) Blue Top Plasma, EDTA or Heparin

Volume: 2.0 mL

Minimum Volume: 0.7 mL

Container: Royal (Navy) Blue Top Tube, EDTA or Heparin

Collection:

1. Draw and gently invert 8 to 10 times.
2. Centrifuge for 10 minutes.
3. Aliquot the plasma specimen into a labeled plastic, acid-washed or metal-free vial labeled as "**Navy EDTA plasma**" or "**Navy Heparin Plasma**" and cap tightly. Discard original tube.
4. Store transport tube refrigerated at 2-8°C until ready to ship.

Special Information: Separate plasma from cells within 2 hours. Centrifuge and transfer plasma to a plastic, acid-washed or metal-free vial.

Transport: Store specimen 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): 5 days

Refrigerated (2-8°C): 10 days

Frozen (-20°C): 30 days

Causes for Rejection: Specimens other than plasma collected in Royal (Navy) Blue Top tube; improper labeling; samples not stored properly; samples older than stability limits; specimens not separated from cells; sample submitted in non-trace metal-free or nonacid-washed containers; hemolysis

Methodology: Inductively Coupled Plasma/Mass Spectrometry (ICP/MS) or Atomic Spectroscopy

Turn Around Time: 2 to 3 days

Reference Range:

Clinical Significance: Copper is an essential element that is a cofactor of many enzymes. Copper metabolism is disturbed in Wilson's disease, Menkes disease, primary biliary cirrhosis, and Indian childhood cirrhosis. Copper concentrations increase in acute phase reactions and during the third trimester of pregnancy. Copper concentrations are decreased with nephrosis, malabsorption, and malnutrition. Copper concentrations are also useful to monitor patients, especially preterm newborns, on nutritional supplementation. Results of copper are often interpreted together with ceruloplasmin.

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.