

## REQUIRED FASTING TESTS

*Patient is required to fast prior to blood draw. See other side for list of recommended tests.*

Test ID	Test Name	Fasting Info
LAB712	Acylcarnitines, Quantitative, Plasma	Required 8 hours**
LAB8110	Amino Acids, Quantitative, Plasma	Required 4 hours**
LAB874	Ascorbic Acid (Vitamin C), Plasma	Required Overnight 12-14 hours**
LAB3295	Bacterial Overgrowth, Breath Test	Required 12 hours*
LAB1230506	Bile Acids, Fractionated and Total, Serum	Required 12-14 hours
LAB7690	C1 Esterase Inhibitor, Functional Assay, Serum	Required 8 hours
LAB7020	Carotene, Beta	Required Overnight 12-14 hours*
LAB3151	Coenzyme Q10, Reduced and Total, Plasma	Required 8 hours
LAB734	Complement C1q, Serum	Required 8 hours
LAB1230624	Copeptin proAVP, Plasma	Required 8 hours*
LAB872	Fatty Acid Profile, Peroxisomal (C22-C26), Serum	Required 12-14 hours**
LAB69	Folate, Blood Level	Required 8 hours
LAB1230708	Free Fatty Acids, Total, Serum	Required Overnight 12-14 hours*
LAB80	Gastrin, Serum	Required 8 hours *
LAB784	Glucagon, Plasma	Required 8 hours
LAB1230102	Glucose Tolerance, 2 hour test, 75g (Non-Gestational)	Required 8 hours
LAB1230278	Glucose Tolerance, 2 hour test, 75g (Gestational Diabetes)	Required 8 hours
LAB1230091	Glucose Tolerance, 3 hour test, 100g (Gestational Diabetes Diagnostic)	Required 8 hours
LAB81	Glucose, Fasting Blood Level	Required 8 hours
LAB1230537	Growth Hormone Panel	Required 8 hours
LAB1230035	Insulin, Free and Total, Serum	Required 8 hours*
LAB8570	Intrinsic Factor Blocking Antibody	Required 8 hours*
LAB3097	Lactose Intolerance, Breath Test	Required 12 hours*
LAB1230522	Nuclear Magnetic Resonance Lipoprotein Profile, Serum	Required 12-14 hours*
LAB848	Pancreatic Polypeptide, Plasma	Required 8 hours
LAB3170	Pipecolic Acid, Serum	Required 12 hours**
LAB1230049	Proinsulin, Plasma	Required 8 hours**
LAB120	Pyridoxal 5-Phosphate, Plasma	Required Overnight 12-14 hours*
LAB1230538	Random Growth Hormone	Required 8 hours
LAB3216	Riboflavin (Vitamin B2), Plasma	Required Overnight 12-14 hours**
LAB848	Somatostatin (Somatotropin Release-Inhibiting Factor, SRIF)	Required 10-12 hours*
LAB10164	Vasoactive Intestinal Polypeptide, Plasma	Required 8 hours
LAB580	Vitamin A Blood Level	Required 12-14 hours*
LAB3609	Vitamin B1 Blood Level	Required 12-14 hours
LAB130	Vitamin E Blood Level	Required 12-14 hours*

\*Additional information in catalog regarding medications or additional fasting information

\*\*Additional information in catalog regarding pediatric fasting requirements

Spectrum Health recommends no caloric or caffeine intake for 8-12 hours prior to testing. Do not eat or drink anything except normal amounts of plain water. Fasting also includes no smoking, vaping, chewing gum, candy, cough drops, coffee, tea, etc. Some tests also require no alcoholic beverages for 24-48 hours prior to testing.

Take normal dosages of medications, unless your provider has instructed otherwise.

Failure to fast properly prior to testing may cause inaccurate test results and may lead to improper diagnosis or treatment.

## Tests that recommended fasting patient prior to blood draw

See other side for list of REQUIRED fasting tests

Test ID	Test Name	Fasting Info
LAB536	1,25-Dihydroxyvitamin D, Serum	Recommended 4 hours
LAB220	Anti-DNase B Titer, Serum	Recommended
LAB3656	Beta CTX-1 (Cross Laps)	Recommended
LAB733	C1 Esterase Inhibitor Antigen, Serum	Recommended
LAB153	C2 Complement, Functional, with Reflex, Serum	Recommended
LAB848	C5 Complement, Antigen, Serum	Recommended
LAB3562	C5 Complement, Functional, Serum	Recommended
LAB154	Complement, Total, Serum	Recommended
LAB521	C-Peptide Level	Recommended
LAB3164	Fatty Acid Profile, Essential, Serum	Recommended *
LAB1230060	Ganglioside GQ1b Antibody (IgG), EIA	Recommended Overnight Fasting (12 hours)
LAB527	Insulin Level	Recommended
LAB18	Lipid Panel	Recommended
LAB2111122	Lipid Panel, LDL Cholesterol Direct if Trigs >400	Recommended
LAB1230573	Monoclonal Gammopathy Screen	Recommended
LAB3063	N-terminal Telopeptide, Serum	Recommended Overnight Fasting (12 hours)
LAB1230524	P1NP (Procollagen 1 Intact N-Terminal Propeptide)	Recommended
LAB2111147	Platelet Aggregation Studies	Recommended *
LAB844	Protein Electrophoresis, Serum, IFE if Indicated	Recommended
LAB133	Transferrin, Blood Level	Recommended
LAB134	Triglycerides, Blood Level	Recommended
LAB7650	Viscosity, Serum	Recommended
LAB67	Vitamin B12 Blood Level	Recommended

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