

**Turnaround Time:** 5-10 days

**CPT Codes:** 86341, 84681, 86141, 85025, 80053, 82542, 82570, 86341, 84378, 83036, 86337, 84206, 83525, 83615, 83735, 83735, 80061, 83704, 82150, 83519, 84100, 84210, 84550, 81001, 82306, 84630, 86341

**Stability:**

**Overview:**

Diabetes is the seventh leading cause of death in the United States. According to the Centers for Disease Control and Prevention, about 29 million people in the US currently have diabetes. Still, as many as 8 million are not yet aware that diabetes is affecting their health.

Signs and symptoms of type 1 and type 2 diabetes with hyperglycemia can include increased thirst, increased urination, increased appetite, fatigue, blurred vision, and nausea. Additional indicators are slow-healing wounds, erectile dysfunction, and mensuration problems, as well as neurological issues.

The American Diabetes Association (ADA) and the United States Preventive Services Task Force recommend diabetes screening for adults age 45 and older and for adults who are under 45 years of age, overweight, and have any additional risk factors for type 2 diabetes. Some risk factors include being overweight, obese, or physically inactive, high blood pressure, blood glucose dysregulation, and dyslipidemia. Additional factors to consider are a relative with diabetes, a history of gestational diabetes, polycystic ovarian syndrome, and a history of cardiovascular disease. The early detection of risk factors, including hidden risks, equates to a more timely intervention to stop or delay the progression to diabetes before it becomes more complex to manage.

The Evexia Diagnostics Comprehensive Diabetes Panel can help identify individuals with insulin resistance or prediabetes who are at risk of developing diabetes. This panel incorporates a complete blood count, a comprehensive metabolic panel, and a complete urinalysis. Also included in this panel is antibody testing for type 1 diabetes, hemoglobin A1c with average glucose, GlycoMark, and C-peptide. Another critical component in this panel is a nutrient assessment of vitamin D, zinc, magnesium, as well as the advanced NMR LipoProfile.

Diabetes autoantibodies help to distinguish between type 1 and type 2 diabetes if the diagnosis is unclear. The presence of one or more of these antibodies indicates type 1 diabetes. Antipancreatic islet cells, insulin autoantibodies, and ZnT8 antibodies are all part of this panel.

GlycoMark testing provides an estimate of the patient's post-meal glucose over a one- to two-week period, making it ideal for intermediate-term monitoring of glycemic control in diabetic patients. GlycoMark testing can also help monitor the effectiveness of therapeutics targeting postprandial glucose and is a useful adjunct to routine A1c testing because it responds more rapidly and with greater sensitivity to hyperglycemia than A1c.

The NMR LipoProfile consists of the traditional lipid panel markers such as LDL-C, HDL-C, triglycerides, and total cholesterol. However, it can help determine an individual's risk of heart disease, as well as guide decisions about what treatment may be best if there is borderline or high risk. The NMR LipoProfile goes beyond the standard markers by measuring the particle size and number of HDL and LDL, as well as providing an Insulin Resistance Score. The IR Score is a laboratory-developed index associated with insulin resistance and diabetes risk and can be used as one component of clinical assessment. Insulin resistance is the precursor to type 2 diabetes and manifests its earliest measurable abnormalities through changes in lipoproteins. The IR score may be a first alert to a heightened risk of developing T2DM.

Tests Included:

160721	<a href="#">Antipancreatic Islet Cells</a>
005009	<a href="#">Complete Blood Count (CBC) With Differential</a>
322000	<a href="#">Comprehensive Metabolic Panel (CMP-14)</a>
010108	<a href="#">C-Peptide</a>
120766	<a href="#">C-Reactive Protein (CRP), High Sensitivity</a>
820478	<a href="#">F2-Isoprostane/Creatinine Ratio</a>
143008	<a href="#">Glutamic Acid Decarboxylase (GAD) Autoantibody</a>
500115	<a href="#">GlycoMark® (1-5 Anhydroglucitol)</a>
102525	<a href="#">Hemoglobin (Hb) A1c With eAG</a>
141598	<a href="#">Insulin Autoantibodies (IAA)</a>
500757	<a href="#">Islet Cell Dysfunction Group 1 (Proinsulin:Insulin Ratio)</a>
001115	<a href="#">Lactic Acid Dehydrogenase (LD / LDH)</a>
001537	<a href="#">Magnesium</a>
080283	<a href="#">Magnesium, RBC</a>
123638	<a href="#">NMR LipoProfile® With Insulin Resistance Markers (With Graph)</a>
123111	<a href="#">Pancreatic Amylase</a>
146704	<a href="#">Pancreatic Polypeptide</a>
001024	<a href="#">Phosphorus</a>
004788	<a href="#">Pyruvic Acid, Whole Blood</a>
001057	<a href="#">Uric Acid</a>
003772	<a href="#">Urinalysis, Complete With Microscopic Examination</a>
081950	<a href="#">Vitamin D, 25-Hydroxy</a>
070029	<a href="#">Zinc, RBC</a>
503995	<a href="#">ZnT8 Antibodies (Zinc Transporter 8 Autoantibodies)</a>

**Collection Instructions:**

2.0 mL Urine Bottle – Refrigerated

10 mL Urinalysis Transport (Red/Yellow) – Room Temperature

1 1.05 mL Serum Gel Tube – Refrigerated; 1 5.16 mL Serum Gel Tube – Room Temperature

1 Serum Gel Tube – Centrifuge and transfer serum to a polypropylene screw-capped frozen transport tube. Freeze immediately. – 1 0.3 mL Serum Transfer Tube – Frozen; 2 1.0mL Serum Transfer Tube – Frozen; 1 1.0 mL Serum Transfer Tube - Frozen

1 NMR LipoTube (Black/Yellow) – Refrigerated

1 Green Top (Heparin) – Centrifuge Tube within 45 minutes of collection and separate plasma from cells. Discard the plasma. Using the original collection tube, submit the RBCs to the laboratory – RBCs from Green Top – Room Temperature

1 Lavender Top (EDTA) – Room Temperature

1 Royal Blue Top (EDTA) – Centrifuge the specimen, separate the plasma and submit the Red Blood Cells in the Royal Blue Top tube. – RBCs from Royal Blue – Room Temperature

1 Gray Top (Sodium Fluoride) – Refrigerated

**Patient Preparation:**