

### **Mast Cell Activation Syndrome Test Collection Instructions for Quest Labs**

Laboratory diagnosis of mast cell activation syndrome requires detecting abnormal levels of chemical mediators released by mast cells. It can be difficult to detect just one elevated mediator out of the number tested, so testing often yields false negative results leaving the diagnosis to a clinical one. One reason it is hard to find these mediators in blood or urine is the mediators will break down when exposed to heat, so continuous chilling of most samples is very important.

#### **Patient**

- Avoid NSAIDS (Advil, Tylenol, etc) and proton pump inhibitors (Prilosec, Prevacid, etc) for 5 days prior to collection.
- Collect urine in the provided container over a 24-hour period. **The urine must always be chilled** so store the container the refrigerator and transport the container to the lab in an ice chest. Inform the phlebotomist at the lab the urine needs to be kept chilled.

**Phlebotomist** – samples noted as “chilled” require continuous chilling (including centrifuge if possible)

Tryptase (34484)*	Frozen 1 mL serum
Chromogranin A (16379)*	Chilled 1 mL serum
Prostaglandin D2 (94402)*	Chilled, 3 mL serum collected in a red-top tube ( <b>no gel</b> )
Histamine, plasma (36586)*	Chilled, 1 mL plasma collected in an EDTA (lavender-top) tube
Heparin, Anti-Xa (30292)*	2 mL frozen plasma collected in 3.2% sodium citrate (light blue-top) tube
Leukotriene E4, urine (94444)*	Chilled, 4 mL from a 24-hour urine collected in a sterile plastic container
N-methylhistamine, urine (10243)*	Chilled, 5 mL from a 24-hour urine collection with no preservative
Prostaglandin D2, urine (10180)*	Frozen 10 mL urine collected in a sterile leak-proof container

*\*Test codes may vary in states other than CA and NV.*