

**Reporting Title:** Amylase, Isoenzymes, S  
**Performing Location:** Rochester

**Necessary Information:**  
Age and sex of patient are required.

**Specimen Requirements:**  
**Collection Container/Tube:**  
**Preferred:** Serum gel  
**Acceptable:** Red top  
**Submission Container/Tube:** Plastic vial  
**Specimen Volume:** 1 mL  
**Collection Instructions:**

- 1. Serum gel tubes should be centrifuged within 2 hours of collection.
- 2. Red-top tubes should be centrifuged and the serum aliquoted into a plastic vial within 2 hours of collection.

**Forms:**  
If not ordering electronically, complete, print, and send [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	30 days	
	Frozen	30 days	
	Ambient	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
AMYPA	Amylase, Pancreatic, S	Numeric	U/L	1805-1
AMYSA	Amylase, Salivary, S	Numeric	U/L	1809-3
AMYSE	Amylase, Total, S	Numeric	U/L	1798-8

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**  
No

**Components:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
AMYSE	Amylase, Total, S	1	82150	Yes	Yes, (Order AMS)
AMYPA	Amylase, Pancreatic, S	1	82150	Yes	No
AMYSA	Amylase, Salivary, S	1	Not a	Yes	No

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**CPT Code Information:**

82150 x 2

**Reference Values:**

AMYLASE, TOTAL

0-30 days: &lt; or =6 U/L

31-182 days: 1-17 U/L

183-365 days: 6-44 U/L

1-3 years: 8-79 U/L

4-17 years: 21-110 U/L

&gt; or =18 years: 28-100 U/L

AMYLASE, PANCREATIC

0-&lt;24 months: &lt; or =20 U/L

2-&lt;18 years: 9-35 U/L

&gt; or =18 years: 13-53 U/L

AMYLASE, SALIVARY

0-&lt;18 years: Not established

&gt; or =18 years: &lt; or =86 U/L