

Reporting Title: pH, BF

Performing Location: Rochester

Necessary Information:

1. Date and time of collection.
2. Specimen source
- Preferred: Identify source name from the following list with location (if appropriate):
- Peritoneal fluid (peritoneal, abdominal, ascites, paracentesis)
- Drain fluid (drainage, JP drain)
- Synovial fluid
- Write in source name with source location (if appropriate)
- Unacceptable: Spinal fluid (CSF), chest (thoracic) fluid, thoracentesis, pleural fluid, and urine

Specimen Requirements:

Supplies: Metal Free Specimen Vial (T173)

Container/Tube: Metal-free container

Specimen Volume: 5 mL

Specimen Type	Temperature	Time	Special Container
Body Fluid	Refrigerated (preferred)	7 days	
	Frozen	7 days	
	Ambient	24 hours	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
UPHB	SRC18	Source: <ul style="list-style-type: none">• Abdominal• Ascites• Gastric• Lavage• Paracentesis• Parenteral• Pericardial• Peritoneal• Pancreatic Cyst Fluid	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
U_PHB	pH, BF	Numeric		2748-2
SRC18	Source	Alphanumeric		14725-6
CMT36	Comment	Alphanumeric		48767-8

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

Supplemental Report:

No

CPT Code Information:

83986

Reference Values:

An interpretive report will be provided.