

Reporting Title: Lysosomal Acid Lipase, B
Performing Location: Rochester

Specimen Requirements:

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD) or green top (sodium heparin)

Specimen Volume: 2 mL

Forms:

1. **New York Clients-Informed consent is required.** Document on the request form or electronic order that a copy is on file. The following documents are available:
- [Informed Consent for Genetic Testing](#) (T576)
 - [Informed Consent for Genetic Testing-Spanish](#) (T826)
2. [Biochemical Genetics Patient Information](#) (T602)
3. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
- [Biochemical Genetics Test Request](#) (T798)
 - [Gastroenterology and Hepatology Test Request](#) (T728)

Specimen Type	Temperature	Time	Special Container
Whole blood	Refrigerated (preferred)	7 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
62954	Lysosomal Acid Lipase, B	Numeric	nmol/h/mL	73958-1
36339	Reviewed By	Alphanumeric		18771-6
36338	Interpretation (LALB)	Alphanumeric		59462-2

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

Supplemental Report:

No

CPT Code Information:

82657

Reference Values:

> or =21.0 nmol/h/mL