

**Reporting Title:** Bile Acids, Urine**Performing Location:** Cincinnati Childrens Hosp Med CTR Core Laboratories**Specimen Requirements:****Collection Container:** Plastic urine container**Specimen Volume:** 5-25 mL**Collection Instructions:**

1. Collect 5-25 mL random urine without preservative.
2. Ship frozen in a plastic container.

**NOTE:** Submit with specimen:

1. Clinical history/Preliminary diagnosis

-Because URSO can mask detection of bile acid synthetic defects it is preferable for patients to be off Urso or Actigall for 5 days before sample collection.

-If possible, send Urine & Serum (ZW166 - Bile Acids Serum, referral lab code 9001004). Urine is analyzed for all patients - if Urine shows evidence of a metabolic abnormality, Serum will be tested. Urine and serum must be ordered separately as they are 2 separate tests with separate charges.

**Forms:**

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

| Specimen Type | Temperature        | Time     | Special Container |
|---------------|--------------------|----------|-------------------|
| Urine         | Frozen (preferred) |          |                   |
|               | Ambient            | 48 hours |                   |
|               | Refrigerated       | 48 hours |                   |

**Result Codes:**

| Result ID | Reporting Name    | Type         | Unit | LOINC®  |
|-----------|-------------------|--------------|------|---------|
| FBAC      | Bile Acids, Urine | Alphanumeric |      | 49254-6 |

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

**Supplemental Report:**

Referral

**CPT Code Information:**

83789

**Reference Values:**

