

Reporting Title: Bilirubin, Direct
Performing Location: Rochester

Shipping Instructions:
[Ship specimen in amber vial to protect from light.](#)

Necessary Information:
Patient's age and sex are required.

Specimen Requirements:
Supplies: Amber Frosted Tube, 5 mL (T915)
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Amber vial
Specimen Volume: 0.5 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 an amber vial within 2 hours of collection.

Forms:

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|----------|-------------------|
| Serum | Refrigerated (preferred) | 24 hours | LIGHT PROTECTED |
| | Frozen | 30 days | LIGHT PROTECTED |
| | Ambient | 6 hours | LIGHT PROTECTED |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|-------------------|---------|-------|--------|
| BILID | Bilirubin, Direct | Numeric | mg/dL | 1968-7 |

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

Supplemental Report:
No

CPT Code Information:
82248

Reference Values:
> or =12 months: 0.0-0.3 mg/dL
Reference values have not been established for patients who are <12 months of age.

