

Overview**Method Name**

Enzymatic method

NY State Available

No

Specimen**Specimen Type**

Body Fluid

Specimen Required**Specimen Type:** Tracheal or Bronch Fluid**Sources:** Tracheal or Bronch Fluid**Container/Tube:** Standard Transport Tube**Specimen Volume:** 1 mL**Collection Instructions:** 1 mL Tracheal or Bronch Fluid shipped frozen.**Specimen Minimum Volume**

0.5 mL

Reject Due To

Hemolysis	NA
Lipemia	NA
Icterus	NA
Other	NA

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Body Fluid	Frozen	30 days	

Clinical and Interpretive**Reference Values**

Protein Unit: mg/mL

Pepsin A Unit: ng/mL

Pepsin A Reference Range (Units):

Pepsin A Reference Range (ng/mL):

<12.5 negative

12.5-100 weak to moderate positive

>100 strong positive

Performance

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

2 to 9 days

Performing Laboratory Location

Nemours Children's Health-Gastroenterology

Fees and Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

CPT Code Information

83986, 84157, 83516

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
FPEPA	Pepsin A Assay	Not Provided

Result ID	Test Result Name	Result LOINC Value
Z3670	Specimen Type	31208-2
Z3671	pH	Not Provided
Z3672	Protein	Not Provided
Z3673	Pepsin A	Not Provided
Z3674	Interpretation	Not Provided