Test Definition: AMMO

Ammonium, 24 Hr, U

Overview

Useful For

Diagnosis of the cause of acidosis

Diagnosis and treatment of kidney stones

Special Instructions

- Urine Preservatives-Collection and Transportation for 24-Hour Urine Specimens

Method Name

Enzymatic

NY State Available

Yes

Specimen

Specimen Type

Urine

Necessary Information

24-Hour volume is required.

Specimen Required

Supplies:

-Aliquot Tube, 5 mL (T465)

-Diazolidinyl Urea (Germall) 5.0 mL (T822)

Container/Tube: Plastic vial

Specimen Volume: 4 mL

Collection Instructions:

1. Add 5 mL of diazolidinyl urea (Germall) as preservative at start of collection or refrigerate specimen during and after collection.

2. Collect urine for 24 hours.

3. Aliquot urine into plastic vial.

4. Specimens with pH >8 may indicate bacterial contamination and testing will be cancelled. Do not attempt to adjust pH as it will adversely affect results.

Additional Information: SeeUrine Preservatives-Collection and Transportation for 24-Hour Urine Specimens inSpecial Instructions for multiple collections.

Forms

If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

Urine Preservative Collection Options

Note: The addition of preservative **must occur at the start of collection** or application of temperature controls must occur during and after collection.

Ambient	No
Refrigerate	OK
Frozen	OK
50% Acetic Acid	OK
Boric Acid	OK
Diazolidinyl Urea	Preferred
6M Hydrochloric Acid	OK
6M Nitric Acid	No
Sodium Carbonate	No
Thymol	OK
Toluene	No

Specimen Minimum Volume

1 mL

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Frozen	14 days	
	Ambient	72 hours	

Clinical and Interpretive

Clinical Information

The kidney regulates acid excretion and systemic acid base balance. Changing the amount of ammonium in the urine is one important way the kidneys accomplish this task. Thus, measuring the urine ammonium level can provide understanding of the cause of an acid base disturbance in individual patients.(1-3)

The urine ammonium level can also provide a lot of information about the daily acid production in a given patient.

Since most of an individual's acid load comes from ingested protein, the urine ammonium is a good indicator of dietary protein intake.

Urine ammonium measurements can be particularly helpful for the diagnosis and treatment of kidney stone patients:

-High urine ammonium and low urinary pH suggest ongoing gastrointestinal losses. Such patients are at risk of uric acid and calcium oxalate stones.

-Low urine ammonium and high urine pH suggest renal tubular acidosis. Such patients are at risk of calcium phosphate stones.

-Patients with calcium oxalate and calcium phosphate stones are often treated with citrate to raise the urine citrate (a natural inhibitor of calcium oxalate and calcium phosphate crystal growth). However, citrate is metabolized to bicarbonate (a base), which can increase the urine pH. If the urine pH gets too high, the risk of calcium phosphate stones may have unintentionally been increased. Monitoring the urine ammonium concentration is one way to titrate the citrate dose and avoid this problem. A good starting citrate dose is about one-half of the urine ammonium excretion (in mEq of each). One can monitor the effect of this dose on urine ammonium, citrate, and pH values, and adjust the citrate dose based upon the response. A fall in urine ammonium should indicate whether the current citrate is enough to partially (but not completely) counteract the daily acid load of that given patient.(4)

Reference Values

15-56 mmol/24 hour

Reference values have not been established for patients <18 years and >77 years of age.

Reference values apply to 24 hour collections.

Interpretation

If a patient has acidosis and the amount of ammonium in the urine is low, this is suggestive of a renal tubular acidosis.

If the amount of ammonium is high, this suggests that the kidneys are working normally and that there are other losses of bicarbonate in the body. Typically this implies gastrointestinal losses.

Cautions

The presence of sulfasalazine, sulfapyridine, or temozolomide may lead to false results.

Ammonium concentrations may be falsely low in samples with a pH above8.0. Consider contamination and/or a urinary tract infection with a urease positive organism (including *Ureaplasma urealyticum).*

Clinical Reference

1. Peonides A, Levin B, Young W: The renal excretion of hydrogen ions in infants and children. Arch Dis Child. 1965 Feb;40(209):33-39

2. Kamel KS, Briceno LF, Sanchez MI, et al: A new classification for renal defects in net acid excretion. Am J Kidney Dis. 1997 Jan;29(1):136-146

3. Madison LL, Seldin DW: Ammonia excretion and renal enzymatic adaptation in human subjects, as disclosed by administration of precursor amino acids. J Clin Invest .1958 Nov;37(11):1615-1627

4. Coe FL, Evan A, Worcester E: Pathophysiology-based treatment of idiopathic calcium kidney stones. Clin J Am Soc Nephrol. 2011 Aug;6(8):2083-2092

Performance

Method Description

Urine samples are diluted 1:100 with clinical laboratory reagent water using a liquid handler and then are analyzed on a Roche cobas.(Package insert: Roche NH3L kit. Roche Diagnostics; V10/2016)

PDF Report

No

Day(s) and Time(s) Test Performed

Monday through Sunday; Continuously

Analytic Time

Same day

Maximum Laboratory Time

2 days

Specimen Retention Time

7 days

Performing Laboratory Location

Rochester

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.

Test Classification

This test has been modified from the manufacturer's instructions. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

82140

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
AMMO	Ammonium, 24 Hr, U	25308-8

Result ID	Test Result Name	Result LOINC Value
AM24	Ammonium, 24 Hr, U	25308-8
TM25	Collection Duration	13362-9

Test Definition: AMMO

Ammonium, 24 Hr, U

Result ID	Test Result Name	Result LOINC Value
VL91	Urine Volume	3167-4