

Reporting Title: Amylase, Isoenzymes, S**Performing Location:** Rochester**Necessary Information:**

Age and sex of patient are required.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 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 a plastic vial within 2 hours of collection.

Specimen Minimum Volume:

See Specimen Required

Forms:

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

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	30 days	
	Frozen	30 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
AMYSE	Amylase, Total, S Also used by tests: AMYSE	Numeric	U/L	1798-8
AMYPA	Amylase, Pancreatic, S	Numeric	U/L	1805-1

Result ID	Reporting Name	Type	Unit	LOINC®
AMYSA	Amylase, Salivary, S	Numeric	U/L	1809-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
AMYSE	Amylase, Total, S			Yes	Yes (Order AMS)
AMYPA	Amylase, Pancreatic, S			Yes	No
AMYSA	Amylase, Salivary, S			Yes	No

CPT Code Information:

82150 x 2

Reference Values:**AMYLASE, TOTAL**

0-30 days: < or =6 U/L

31-182 days: 1-17 U/L

183-365 days: 6-44 U/L

1-3 years: 8-79 U/L

4-17 years: 21-110 U/L

> or =18 years: 28-100 U/L

AMYLASE, PANCREATIC

0-<24 months: < or =20 U/L

2-<18 years: 9-35 U/L

> or =18 years: 13-53 U/L

AMYLASE, SALIVARY

0-<18 years: Not established

> or =18 years: < or =86 U/L