

**Reporting Title:** Albumin, BF**Performing Location:** Rochester**Ordering Guidance:**

For cerebrospinal fluid (CSF) specimens, order ALBSF / Albumin, Spinal Fluid. Testing will be changed to ALBSF if this test is ordered on that specimen type.

**Necessary Information:**

1. Date and time of collection are required.
2. Specimen source is required.

**Specimen Requirements:**

Specimen Type: Body fluid

Preferred Source:

- Peritoneal fluid (peritoneal, abdominal, ascites, paracentesis)
- Pleural fluid (pleural, chest, thoracentesis)
- Drain fluid (drainage, JP drain)

Acceptable Source: Write in source name with source location (if appropriate)

Collection Container/Tube: Sterile container

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions:

1. Centrifuge to remove any cellular material and transfer into a plastic vial.
2. Indicate the specimen source and source location on label.

**Specimen Minimum Volume:**

0.5 mL

Specimen Type	Temperature	Time	Special Container
Body Fluid	Refrigerated (preferred)	7 days	
	Frozen	30 days	
	Ambient	24 hours	

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**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
ALBFL	797FL	Fluid Type, Albumin	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
ALBF	Albumin BF	Numeric	g/dL	1747-5
797FL	Fluid Type, Albumin	Alphanumeric		14725-6

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82042

**Reference Values:**

An interpretive report will be provided