

Reporting Title: pH, BF**Performing Location:** Rochester**Necessary Information:**

1. Date and time of collection.

2. Specimen source

-Preferred: Identify source name from the following list with location (if appropriate):

-Peritoneal fluid (peritoneal, abdominal, ascites, paracentesis)

-Drain fluid (drainage, JP drain)

-Synovial fluid

-Write in source name with source location (if appropriate)

-Unacceptable: Spinal fluid (CSF), chest (thoracic) fluid, thoracentesis, pleural fluid, and urine

Specimen Requirements:

Supplies: Metal Free Specimen Vial (T173)

Container/Tube: Metal-free container

Specimen Volume: 5 mL

Specimen Minimum Volume:

1 mL

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
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Test ID	Question ID	Description	Type	Reportable
UPHB	SRC18	Source: <ul style="list-style-type: none">• Abdominal• Ascites• Gastric• Lavage• Paracentesis• Parenteral• Pericardial• Peritoneal• Pancreatic Cyst Fluid	Answer List	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
U_PHB	pH, BF	Numeric		2748-2
SRC18	Source	Alphanumeric		14725-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83986

Reference Values:

An interpretive report will be provided.