

Reporting Title: Urea Nitrogen, BF**Performing Location:** Rochester**Necessary Information:**

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

Specimen Requirements:

Preferred Source:

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

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

Forms:

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

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
UEBF	FLD15	Fluid Type, Urea Nitrogen	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
UE_BF	Urea Nitrogen, BF	Numeric	mg/dL	3093-2
FLD15	Fluid Type, Urea Nitrogen	Alphanumeric		14725-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84520

Reference Values:

An interpretive report will be provided.