

Reporting Title: Lactate Dehydrogenase (LD), BF
Performing Location: Rochester

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, Jackson Pratt [JP] drain)
- Pericardial
- Synovial
- Cerebral spinal fluid

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	Ambient (preferred)	7 days	
	Refrigerated	48 hours	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
LDBF	FLD11	Fluid Type, Lactate Dehydrogenase	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
LD_BF	Lactate Dehydrogenase (LD), BF	Numeric	U/L	14803-1
FLD11	Fluid Type, Lactate Dehydrogenase	Alphanumeric		14725-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83615

Reference Values:

An interpretive report will be provided.