

Reporting Title: Cholesteryl Esters, S**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial. Send refrigerated.

Specimen Minimum Volume:

0.5 mL

Forms:

If not ordering electronically, complete, print, and send a Cardiovascular Test Request Form (T724) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	60 days	
	Ambient	24 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CHLES	Cholesteryl Esters, S	Numeric	% total chol	21197-9

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

84311

Reference Values:

> or =18 years: 60-80% of total cholesterol

Reference values have not been established for patients who are less than 18 years of age.