

Reporting Title: Lipid Analysis, 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 Sources:

Peritoneal fluid (peritoneal, abdominal, ascites, paracentesis)

Pleural fluid (pleural, chest, thoracentesis)

Drain fluid (drainage, JP drain)

Pericardial

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

Collection Container/Tube: Sterile container, no additive

Submission Container/Tube: Plastic vial

Specimen Volume: 3 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:

2.5 mL

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

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
BFLA1	FLD28	Fluid Type:	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FLD28	Fluid Type:	Alphanumeric		14725-6
BFCHO	Cholesterol, BF	Numeric	mg/dL	12183-0
BFTRG	Triglycerides, BF	Numeric	mg/dL	12228-3
BFCMT	Comment	Alphanumeric		21025-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82664-Electrophoretic technique, not elsewhere specified (Chylomicrons and lipoproteins)

84311-Spectrophotometry, analyte not specified (Cholesterol)

84478-Triglycerides

Reference Values:

An interpretive report will be provided.