

Reporting Title: Lysosomal Acid Lipase, B**Performing Location:** Rochester**Specimen Requirements:**

Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD) or green top (sodium heparin)

Specimen Volume: 2 mL

Specimen Minimum Volume:

0.5 mL

Forms:

1. New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file. The following documents are available:

-Informed Consent for Genetic Testing (T576)

-Informed Consent for Genetic Testing-Spanish (T826)

2. Biochemical Genetics Patient Information (T602)

3. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-Biochemical Genetics Test Request (T798)

-Gastroenterology and Hepatology Test Request (T728)

Specimen Type	Temperature	Time	Special Container
Whole blood	Refrigerated (preferred)	7 days	
	Ambient	7 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
62954	Lysosomal Acid Lipase, B	Numeric	nmol/h/mL	73958-1
36339	Reviewed By	Alphanumeric		18771-6
36338	Interpretation (LALB)	Alphanumeric		59462-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82657

Reference Values:

> or =21.0 nmol/h/mL