

Reporting Title: Bile Acids, Urine**Performing Location:** Child Hospital Medical Center Division of Clinical Mass Spectrometry**Specimen Requirements:**

Collection Container: Plastic urine container

Specimen Volume: 5-25 mL

Collection Instructions:

1. Collect 5-25 mL random urine without preservative.
2. Ship frozen in a plastic container.

NOTE: Submit with specimen:

1. Clinical history/Preliminary diagnosis

-Because URSO can mask detection of bile acid synthetic defects it is preferable for patients to be off Urso or Actigall for 5 days before sample collection.

-If possible, send Urine & Serum (ZW166 - Bile Acids Serum, referral lab code 9001004). Urine is analyzed for all patients - if Urine shows evidence of a metabolic abnormality, Serum will be tested. Urine and serum must be ordered separately as they are 2 separate tests with separate charges.

Specimen Minimum Volume:

1 mL

Forms:

If not ordering electronically, complete, print, and send Gastroenterology and Hepatology Test Request (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Urine	Frozen (preferred)		
	Ambient	48 hours	
	Refrigerated	48 hours	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FBAC	Bile Acids, Urine	Alphanumeric		49254-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

Referral

CPT Code Information:

83789

Reference Values: