

**Reporting Title:** CA19-9, Pancreatic Cyst**Performing Location:** Rochester**Ordering Guidance:**

This test should not be ordered for pancreatic fluid of noncystic origin (eg, pancreatic duct fluid, peripancreatic fluid) since reference values have not been established for those specimen types. For ordering assistance call 800-533-1710.

**Specimen Requirements:**

Patient Preparation: For 12 hours before this procedure do not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.

Container/Tube: Plain, plastic, screw-top tube

Specimen Volume: 1 mL

**Specimen Minimum Volume:**

0.5 mL

**Forms:**

If not ordering electronically, complete, print, and send an Oncology Test Request (T729) with the specimen.

Specimen Type	Temperature	Time	Special Container
Pancreatic Cyst Fluid	Frozen (preferred)	90 days	
	Refrigerated	7 days	
	Ambient	72 hours	

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
199PC	SITE6	Site	Plain Text	Yes

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**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
199P	CA19-9, Pancreatic Cyst	Numeric	U/mL	97750-4
SITE6	Site Also used by tests: AMLPC, CEAPC	Alphanumeric		39111-0

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

86301

**Reference Values:**

An interpretive report will be provided.