

Overview

Method Name

Enzymatic method

NY State Available

No

Specimen

Specimen Type

Body Fluid

Specimen Required**Specimen Type:** Tracheal or Bronch Fluid**Sources:** Tracheal or Bronch Fluid**Container/Tube:** Standard Transport Tube**Specimen Volume:** 1 mL**Collection Instructions:** 1 mL Tracheal or Bronch Fluid shipped frozen.**Reject Due To**

Hemolysis NA

Lipemia NA

Icterus NA

Other NA

Specimen Minimum Volume

0.5 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Body Fluid	Frozen (preferred)	30 days	

Clinical & Interpretive

Reference Values

Protein Unit: mg/mL

Pepsin A Unit: ng/mL

Pepsin A Reference Range (Units):

Pepsin A Reference Range (ng/mL):

<12.5 negative

12.5-100 weak to moderate positive
>100 strong positive

Performance

PDF Report

No

Performing Laboratory Location

Nemours Children's Health-Gastroenterology

Fees & Codes

Test Classification

CPT Code Information

83986, 84157, 83516