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**Reporting Title:** Amylase, Pancreatic, S**Performing Location** Rochester**Ordering Guidance:**

For amylase pancreatic cyst or fluid testing, order AMLPC / Amylase, Pancreatic Cyst Fluid.

For amylase testing using other body fluid specimens (eg, peritoneal, pleural), order AMBF / Amylase, Body Fluid.

**Specimen Requirements:****Collection Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 1 mL**Collection Instructions:** Centrifuge and aliquot 1 mL of serum into plastic vial. Send refrigerated.**Forms:**If not ordering electronically, complete, print, and send a [Gastroenterology and Hepatology Client Test Request](#) (T728) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	30 days	
	Frozen	30 days	
	Ambient	7 days	

**Supplemental Report:**

No

**CPT Code Information:**

82150

**Reference Values:**

0-&lt;24 months: 0-20 U/L

2-&lt;18 years: 9-35 U/L

&gt; or =18 years: 13-53 U/L