



# Test Definition: ALB

Albumin, Serum

**Reporting Title:** Albumin, S

**Performing Location:** Mayo Clinic Jacksonville Clinical Lab

**Necessary Information:**

Patient's age and sex are required.

**Specimen Requirements:**

**Collection Container/Tube:**

**Preferred:** Serum gel

**Acceptable:** Red top

**Specimen Volume:** 0.5 mL

**Submission Container/Tube:** Plastic vial

**Collection Instructions:**

1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

**Forms:**

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

[-Kidney Transplant Test Request](#)

[-Renal Diagnostics Test Request](#) (T830)

| Specimen Type | Temperature              | Time     | Special Container |
|---------------|--------------------------|----------|-------------------|
| Serum         | Refrigerated (preferred) | 150 days |                   |
|               | Frozen                   | 120 days |                   |

**Result Codes:**

| Result ID | Reporting Name | Type    | Unit | LOINC® |
|-----------|----------------|---------|------|--------|
| ALB       | Albumin, S     | Numeric | g/dL | 1751-7 |

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82040

**Reference Values:**

> or =12 months: 3.5-5.0 g/dL

Reference values have not been established for patients who are <12 months of age.

For SI unit Reference Values, see <https://www.mayocliniclabs.com/order-tests/si-unit-conversion.html>