Overview

Useful For
An aid in the evaluation of liver function

Evaluation of liver function changes before the formation of more advanced clinical signs of illness such as icterus

An aid in the determination of hepatic dysfunction as a result of chemical and environmental injury

An indicator of hepatic histological improvement in chronic hepatitis C patients responding to interferon treatment

An indicator for intrahepatic cholestasis of pregnancy

Testing Algorithm
See Ordering Guide: Bile Acid-Associated Tests in Special Instructions.

Special Instructions
- Ordering Guide: Bile Acid-Associated Tests

Method Name
Enzymatic

NY State Available
Yes

Specimen

Specimen Type
Serum

Ordering Guidance
This test is for evaluation of hepatobiliary dysfunction.

For evaluation of bowel dysfunction, order BA48F / Bile Acids, Bowel Dysfunction, 48 Hour, Feces.

For evaluation of patients treated with urso or cholate, order BAFS / Bile Acids, Fractionated and Total, Serum.

For evaluation of inborn errors of metabolism, order BAIPD / Bile Acids for Peroxisomal Disorders, Serum.

Specimen Required
Patient Preparation: Patient must be fasting for 12 hours. Infants and pregnant patients do not need to fast.

Container/Tube:
Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial
Test Definition: BILEA
Bile Acids, Total, S

Specimen Volume: 0.5 mL

Collection Instructions:
1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged and serum aliquoted into plastic vial within 2 hours of collection.

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

Specimen Minimum Volume
0.25 mL

Reject Due To

<table>
<thead>
<tr>
<th>Gross hemolysis</th>
<th>Reject</th>
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</thead>
<tbody>
<tr>
<td>Gross lipemia</td>
<td>OK</td>
</tr>
<tr>
<td>Gross icterus</td>
<td>Reject</td>
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</table>

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Serum</td>
<td>Refrigerated (preferred)</td>
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</tr>
<tr>
<td></td>
<td>Frozen</td>
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</tr>
<tr>
<td></td>
<td>Ambient</td>
<td>24 hours</td>
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Clinical and Interpretive

Clinical Information

Bile acids are formed in the liver from cholesterol, conjugated primarily to glycine and taurine, stored and concentrated in the gallbladder, and secreted into the intestine after the ingestion of a meal. In the intestinal lumen, the bile acids serve to emulsify ingested fats and thereby promote digestion. During the absorptive phase of digestion, approximately 90% of the bile acids are reabsorbed.

The efficiency of the hepatic clearance of bile acids from portal blood maintains serum concentrations at low levels in normal persons. An elevated fasting level, due to impaired hepatic clearance, is a sensitive indicator of liver disease. Following meals, serum bile acid levels have been shown to increase only slightly in normal persons but markedly in patients with various liver diseases, including cirrhosis, hepatitis, cholestasis, portal-vein thrombosis, Budd-Chiari syndrome, cholangitis, Wilson disease, and hemochromatosis. No increase in bile acids will be noted in patients with intestinal malabsorption. Metabolic hepatic disorders involving organic anions (eg, Gilbert disease, Crigler-Najjar syndrome, and Dubin-Johnson syndrome) do not cause abnormal serum bile acid concentrations.

Significant increases in total bile acids in nonfasting pregnant females can aid in the diagnosis of cholestasis. Other factors, such as complete medical history, physical exam, and liver function tests should also be considered.
Test Definition: BILEA
Bile Acids, Total, S

Reference Values
< or =10 mc mol/L

Reference interval applies to fasting total bile acid concentrations.

Interpretation
Total bile acids are metabolized in the liver and can serve as a marker for normal liver function.

Increases in serum bile acids are seen in patients with acute hepatitis, chronic hepatitis, liver sclerosis, and liver cancer.

Cautions
Serum total bile acid testing is generally not suitable for differentiation among the various types of liver diseases.

Total bile acid concentration is increased after meals; samples should be collected under fasting conditions.

Clinical Reference

Performance

Method Description
Testing is performed on the Roche cobas c502. In the presence of thionicotinamide adenine dinucleotide (Thio-NAD), the enzyme 3-alpha-hydroxysteroid dehydrogenase (3-alpha-HSD) converts bile acids to 3-keto steroids and Thio-NADH. The reaction is reversible, and 3-alpha-HSD can convert 3-keto steroids and Thio-NADH to bile acids and Thio-NAD. In the presence of excess NADH, the enzyme cycling occurs efficiently and the rate of formation of Thio-NADH is determined by measuring specific change of absorbance at 405 nm. (Package insert: Total Bile Acids Assay Kit. Diazyme Laboratories; 01/2020)

PDF Report
Test Definition: BILEA
Bile Acids, Total, S

No

Day(s) Performed
Monday through Sunday

Report Available
Same day/1 to 2 days

Specimen Retention Time
1 week

Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information
82239

LOINC® Information

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<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tbody>
<tr>
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<td>Bile Acids, Total, S</td>
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