

## Overview

### Useful For

Diagnosis and treatment of acid-base imbalance in respiratory and metabolic systems

### Method Name

Photometric/Enzymatic

### NY State Available

No

## Specimen

### Specimen Type

Serum

### Necessary Information

Patient's age and sex are required.

### Specimen Required

#### Collection Container/Tube:

**Preferred:** Serum gel

**Acceptable:** Red top

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 0.5 mL

#### Collection Instructions:

1. Serum gel tube must be centrifuged within 2 hours of collection.
2. Red-top tube must 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 Minimum Volume

0.25 mL

### Reject Due To

Gross hemolysis	Reject
Gross lipemia	OK

**Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated	24 hours	

**Clinical & Interpretive****Clinical Information**

Bicarbonate is the second largest fraction of the anions in plasma. Included in this fraction are the bicarbonate ( $\text{HCO}_3^-$ ) and carbonate ( $\text{CO}_3^{2-}$ ) ions, carbon dioxide in physical solution, as well as the carbamino compounds. At the physiological pH of blood, the concentration of carbonate is 1/1000 that of bicarbonate. The carbamino compounds are also present in such low quantities that they are generally not mentioned specifically.

The bicarbonate content of serum or plasma is a significant indicator of electrolyte dispersion and anion deficit. Together with pH determination, bicarbonate measurements are used in the diagnosis and treatment of numerous potentially serious disorders associated with acid-base imbalance in the respiratory and metabolic systems. Some of these conditions are diarrhea, renal tubular acidosis, carbonic anhydrase inhibitors, hyperkalemic acidosis, renal failure, and ketoacidosis.

**Reference Values**

Males

12-24 months: 17-25 mmol/L

3 years: 18-26 mmol/L

4-5 years: 19-27 mmol/L

6-7 years: 20-28 mmol/L

8-17 years: 21-29 mmol/L

> or =18 years: 22-29 mmol/L

Females

1-3 years: 18-25 mmol/L

4-5 years: 19-26 mmol/L

6-7 years: 20-27 mmol/L

8-9 years: 21-28 mmol/L

> or =10 years: 22-29 mmol/L

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

**Interpretation**

Alterations of bicarbonate ( $\text{HCO}_3$ ) and carbon dioxide ( $\text{CO}_2$ ) dissolved in plasma are characteristic of acid-base imbalance. The nature of the imbalance cannot, however, be inferred from the bicarbonate value itself, and the determination of bicarbonate is rarely ordered alone. Its value has significance in the context of other electrolytes determined with it and in screening for electrolyte imbalance.

**Cautions**

Because the determination of bicarbonate ( $\text{HCO}_3$ ) actually includes dissolved carbon dioxide ( $\text{CO}_2$ ), this fraction will escape from the specimen into the air once the stopper is removed from the vacutainer tube. The rate of change in the

bicarbonate determination is approximately 6 mmol/L in the course of 1 hour. If the logistics in the lab are different for processing high-volume routine specimens from STAT specimens, the extent of the error is bicarbonate determinations will be different. This is due to the length of time between removal of the stopper and sampling of the specimen for analysis. Fortunately, the errors in either case are relatively small and of little concern clinically.

**Clinical Reference**

Tietz Textbook of Clinical Chemistry, Edited by Burtis and Ashwood. Philadelphia, PA, WB Saunders Company, 1994.

**Performance****Method Description**

This assay employs a photometric rate reaction. Bicarbonate ( $\text{HCO}_3^-$ ) reacts with phosphoenolpyruvate (PEP) in the presence of phosphoenolpyruvate carboxylase to produce oxaloacetate and phosphate. The oxaloacetate produced is coupled with NADH in the presence of malate dehydrogenase (MDH) to produce malate and NAD. The consumption of NADH causes a decrease in absorbance and is monitored in the UV range of 320-400 nm. The rate of change is directly proportional to the concentration of bicarbonate.(Package insert: Roche Bicarbonate reagent; Indianapolis, IN, July 2000)

**PDF Report**

No

**Day(s) Performed**

Monday through Saturday

**Report Available**

Same day/1 to 2 days

**Performing Laboratory Location**

Mayo Clinic Jacksonville Clinical Lab

**Fees & 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 account representative. 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**

82374

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
HCO3	Bicarbonate, S	1963-8

Result ID	Test Result Name	Result LOINC® Value
HCO3	Bicarbonate, S	1963-8