

Reporting Title: Myoglobin, S**Performing Location:** Rochester**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 serum into plastic vial.

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|----------|-------------------|
| Serum | Refrigerated (preferred) | 14 days | |
| | Frozen | 365 days | |
| | Ambient | 7 days | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|----------------|---------|-------|--------|
| MYGLS | Myoglobin, S | Numeric | mcg/L | 2639-3 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code: 1 × 83874**Reference Values:**

Males: 0 to 72 mcg/L

Females: 0 to 58 mcg/L