## pH Blood Venous

Order Name: PH VENOUS
Test Number: 2005625
Revision Date: 12/19/2013

TEST NAME			METHODOLOGY	LOINC CODE
pH Blood Venous				2746-6
SPECIMEN REQUI	IREMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	1 mL (0.5)	Whole Blood	Blood gas syringe	See Instructions
Instructions	Patient should be at rest.  Fill blood gas syringe completely . Place specimen on ice and deliver to lab immediately.  Specimen stability: 1 hour on ice.			

GENERAL INFORMATION		
Testing Schedule	Daily	
Expected TAT	1-2 days	
Clinical Use	Useful in assessing acid-base balance.	
CPT Code(s)	82800	
Lab Section	Chemistry	

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