

Porphobilinogen (PBG), 24hr Urine

Order Name: **PBG UR QT**

Test Number: 3812500

Revision Date: 12/06/2022

TEST NAME	METHODOLOGY	LOINC CODE
Porphobilinogen (PBG), 24hr Urine	Chromatography/spectrophotometry	

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	3 mL (1 mL)	Urine, 24-hour	24 hour Urine Container	Frozen
Instructions	<p><b>Notes:</b> 1 mL aliquot(Note: This volume Does NOT allow for repeat testing).</p> <p><b>Specimen Type:</b> Plastic 24-hour urine container with 30 mL of 30% glacial acetic acid (LabCorp ID 23301) (optional preservative, but required if ordered with delta ALA) AND AMBER plastic frozen transport tube and cap (LabCorp ID 78656).</p> <p><b>Container Detail:</b> Preserv,Protect from</p> <p><b>Specimen Storage:</b> FREEZE immediately and PROTECT FROM LIGHT. Urine is stable when preserved with 30% glacial acetic acid and FROZEN for one month or refrigerated for 24 hours.</p> <p><b>Specimen Collection:</b> Instruct the patient to void at 8 AM (or 8 PM) and discard the specimen. Then collect all the urine, including the final specimen voided at the end of the 24-hour collection period (ie, 8 AM [or 8 PM] the following day), in the 24-hour collection container (LabCorp ID 23301). Specimen must be kept refrigerated during collection. MEASURE AND RECORD on the test request form the 24-hour total volume. Mix well. Transfer the urine into a LabCorp AMBER plastic frozen transport tube with amber cap (LabCorp ID 78656). Label the container with the patient's name, date, and time collection started and finished. The specimen should be FROZEN immediately and maintained frozen until tested. (If amber tube and cap are not available, cover a clear plastic transport tube COMPLETELY from top to bottom with aluminum foil. Identify the specimen with the patient's name directly on the transport tube AND the outside of the aluminum foil. Secure with tape.) To avoid delays in turnaround time when requesting multiple tests on frozen samples, PLEASE SUBMIT SEPARATE FROZEN SPECIMENS FOR EACH TEST REQUESTED.</p> <p><b>Special Instructions:</b> Record total 24-hour urine volume on the test request form. Use test 003065 for random urine.</p> <p><b>Specimen Stability:</b> Ambient: Not Available, Refrigerated : Not Available, Frozen: Not Available</p>			

GENERAL INFORMATION	
Expected TAT	3-5 Days
Performing Labcorp Test Code	003103
Notes	Labcorp Test Code: 003103
CPT Code(s)	84110
Lab Section	Reference Lab