**BMC** 

# **Performing Location(s)**

**BMC** 

# **Specimen Type**

**Body Fluid** 

### **Preferred Container**

Red top tube

### **Alternate Container**

Green top tube

#### **Minimum Volume**

0.5 mL Body Fluid

Multiple test can be performed from this volume.

For question please contact the lab at 547-3975.

# **Storage Requirements**

Specimens not delivered to laboratory within 1 hour should be refrigerated.

# **Transportation Needs**

Deliver specimen to the laboratory within 1 hour of collection.

If not possible see "Storage Requirements"

# **Causes for Rejection**

Mislabeled or unlabeled specimen

Specimen too viscous to analyze

Clotted

Collected in wrong tube

> 2 hours at room temperature

> 4 days refrigerated

### **Reference Values**

Fluid Type	Units	Reference Range
Synovial fluid	mg/dL	Not Established
Other than synovial fluid	mg/dL	Not Established

#### **Available STAT**

Yes

# Methodology

# Beckman AU/Dx Series

**CPT Code** 82945