

**TEST CHANGE**

Lactic Acid, Body Fluid

0020504, LA-FL

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Peritoneal or synovial fluid.

**Specimen Preparation:** Centrifuge and separate to remove cellular material. Transport 1 mL Peritoneal or synovial fluid in an ARUP standard transport Tube. (Min: 0.2 mL). Cannot be shared. Indicate source on test request form. If multiple tests are ordered separate specimens are required.

**Transport Temperature:** Frozen.

**Unacceptable Conditions:** Hemolyzed specimen. Specimens other than those listed.

**Remarks:**

**Stability:** Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 month

**Methodology:** Enzymatic Assay

**Performed:** Sun-Sat

**Reported:** Within 24 hours

**Note:**

**CPT Codes:** 83605

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

Reference ranges for this assay have not been established for body fluid. Results should be interpreted in comparison to the lactic acid concentration in blood and in conjunction with clinical context.

**Reference Interval:**

None established