



A nonprofit enterprise of the University of Utah
and its Department of Pathology

Effective Date: **March 4, 2024**

TEST CHANGE

Lysozyme, Serum
2012039, LYSO SER

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
Specimen Preparation:	Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Hemolyzed, lipemic, icteric, or contaminated specimens.
Remarks:	
Stability:	After separation from cells: Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 1 month.
Methodology:	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Sun, Tue, Thu
Reported:	1-5 days
Note:	Serum lysozyme levels may be elevated in acute myelomonocytic leukemia (FAB-M4), chronic myelomonocytic leukemia (CMML), and chronic myelocytic leukemia (CML). Increased serum lysozyme activity is present in tuberculosis, sarcoidosis, megaloblastic anemias, acute bacterial infections, ulcerative colitis, regional enteritis, and Crohn disease. Elevated serum lysozyme occurs during severe renal insufficiency, renal transplant rejection, urinary tract infections, pyelonephritis, glomerulonephritis, and nephrosis.
CPT Codes:	85549
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.	



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Component	Interpretation
Lysozyme, Serum	2.75 ug/mL or less Negative 2.76 - 4.50 ug/mL Equivocal 4.51 ug/mL or greater Positive

Reference Interval:

Test Number	Components	Reference Interval
Lysozyme, Serum	Less than or equal to 4.50 ug	2.75 ug/mL

Inserted Cells
Inserted Cells