

## Ammonia, Plasma

Test ID: 17054

CPT: 82140

### Clinical Significance

Ammonia is a waste product of protein catabolism; it is potentially toxic to the central nervous system. Increased plasma ammonia may be indicative of hepatic encephalopathy, hepatic coma in terminal stages of liver cirrhosis, hepatic failure, acute and subacute liver necrosis, and Reye's syndrome. Hyperammonemia may also be found with increasing dietary protein intake.

The major cause of hyperammonemia in infants includes inherited deficiencies of urea cycle enzymes, inherited metabolic disorders of organic acids and the dibasic amino acids lysine and ornithine, and severe liver disease.

### Test Details

#### Components:

**Methodology:** Spectrophotometry

### Reference Range

F:11-51 M:16-60 umol/L<sup>TM</sup>

### Container

Lavender-top (EDTA) tube

### Transport Temperature

Frozen

### Specimen(s)

Plasma

### Specimen Stability

Room temperature: Unstable

Refrigerated: Unstable

Frozen: 21 days

### Reject Criteria

Received unfrozen. Hemolysis • Lipemia • Whole blood • Received thawed • PPT Potassium EDTA (white-top) tube

### Days Performed

Mon-Sat

### Collection Instructions

Tube must be filled completely and kept tightly stoppered at all times. Mix well. Specimen must be placed on ice immediately. After collection, immediately centrifuge the lavender-top tube at room temperature, transfer plasma to a transport tube, and freeze. Label this tube "Frozen Plasma".

Freeze. Ammonia is stable for several days at -20°C. Caution: Blood ammonia increases rapidly at room temperature.

\*The CPT codes provided are based on AMA guidance and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.