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.

Profile Components:

Labtech Diagnostics

Container:

Lavender-top (EDTA) tube

Transport Temperature:

Frozen

Specimen:

Plasma

Specimen Stability:

Room temperature: Unstable
Refrigerated: Unstable
Frozen -20° C: 72 hours
Frozen -70° C: 7 days

Reject Criteria:

Received unfrozen.
Hemolysis • Lipemia • 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**".

If there is more than 1 test ordered within an order that requires a frozen tube please send a separate frozen tube for each individual test.

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