Hemosiderin, Urine

Order Name: **HEMOSDRN U** Test Number: 1000750 Revision Date: 11/09/2020

TEST NAME			METHODOLOGY	LOINC CODE
Hemosiderin, Urine	9		Microscopy	17783-2
SPECIMEN REQU	IREMENTS			
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	10 mL (5 mL)	Urine, Random	Sterile Urine container	Refrigerated
Instructions	Early morning specimens preferred. Refrigerate or deliver to lab immediately. Collect in preservative-free container Monday through Friday only. Specimens must be received in lab section by Friday evening. Stability: Refrigerated 24hours.			

GENERAL INFORMATION			
Testing Schedule	Mon - Fri		
Expected TAT	1 Day		
CPT Code(s)	83070		
Lab Section	Hematology		