Zinc, 24-Hour Urine (or Random)

Order Name: **ZINC U**
Test Number: 3603850
Revision Date: 02/03/2024

TEST NAME	METHODOLOGY	LOINC CODE
Zinc, 24-Hour Urine (or Random)	Inductively-Coupled Plasma/Mass Spectrometry	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	**5 mL (1.7 mL)**	**Urine, 24-hour**	**24 hour Urine Container**	**Refrigerated**
Alternate 1	**5 mL (1.7 mL)**	**Urine, Random**	**Sterile Urine container**	**Refrigerated**

Instructions

Special Instructions: If 24-hour urine is submitted, then request form must state 24-hour collection volume. Do not use preservative. Preservatives used for routine analysis may contain mercuric oxide (ie, Stabilur), which interferes with all metal testing. If both urinalysis and metal testing are ordered, please submit a separate urine specimen (containing no additive) for the metal testing.
Specimen: 5mL(1.7mL) aliquot of a well-mixed Urine (24-hour or random) (Note: 1.7 mL This volume does not allow for repeat testing.)
Container: Plastic urine container, no preservative
Specimen Stability: Room temperature: 14 days, Refrigerated: 14 days, Frozen: 14 days. (Freeze/thaw cycles Stable x3)
Collection Optional protocol: Instruct the patient to void at 8 AM and discard the specimen. Then collect all urine including the final specimen voided at the end of the 24-hour collection period (ie, 8 AM the next morning). Screw the lid on securely.
Reject Criteria: Hemolysis, Fecal contamination.

Please provide the following information with order:
Total Volume: (***prompt code:*** **4182022**)
Collection Duration:(***prompt code:*** **4182024**)

GENERAL INFORMATION

Expected TAT	3-5 Days
Clinical Use	Evaluate zinc exposure; evaluate low serum zinc levels; evaluate compliance in oral zinc therapy of Wilson disease. Low urine zinc levels in the presence of depressed serum zinc tends to confirm zinc deficiency. Zinc deficiency is usually accompanied by decreased urine zinc excretion. Zinc deficiency, however, may be in part due to excess urine losses, especially in cirrhosis, hemolytic anemias, sickle cell disease, alcoholism, diabetes, or chronic renal diseases. This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.
CPT Code(s)	82570, 84630
Service Provided By	labcorp Oklahoma, Inc.