

Blood Gas, Arterial (ABG)

Order Name: **ABG**  
Revision Date: 01/02/2020

TEST NAME		METHODOLOGY		LOINC CODE
Blood Gas, Arterial (ABG)				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	1.0 mL (0.6 mL)	Whole Blood	Syringe containing heparin or lithium heparin	Room Temperature
Instructions	Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered.			
Reference Range	An interpretive report will be provided.			

GENERAL INFORMATION	
Testing Schedule	Daily
Expected TAT	30 Minutes
Stat TAT	30 Minutes
Notes	Specimen Stability: Room Temp - 30 minutes If testing will be delayed more than 30 minutes, storage in ice water is recommended.
CPT Code(s)	82805
Lab Section	NRLS-Core Chemistry