

Site: _____

Date Completed: _____ Completed by: _____



2550 University Ave. W., Suite 350-5
 St. Paul, MN 55114-1900
 phone: (651) 641-1121; fax: (651) 659-1477
 toll-free: (800) 462-5393; www.mnhospitals.org

Minnesota Hospital Association

LOINC Code Worksheet

TO BE COMPLETED BY LABORATORY

Test #	Laboratory Test Name	Specimen Type	Units	LOINC Code	LOINC Name	Comments	Specimen Type	Units	Normal Range	Method	Comments
1	Albumin	Serum / Plasma	g/dL	1751-7	Albumin SerPl-mCnc						
1A1	Albumin Fraction	Serum / Plasma	%	35706-1	Albumin Fr SerPl	Concurrent Total Protein Required					
1A2	Total Protein	Serum / Plasma	g/dL	2885-2	Prot SerPl-mCnc	Required Only with Albumin Fraction					
1X	Albumin										
2	Alkaline Phosphatase	Serum / Plasma	U/L	6768-6	ALP SerPl-cCnc						
2A	Alkaline Phosphatase	Blood	U/L	1783-0	ALP Bld-cCnc						
2X	Alkaline Phosphatase										
3	Amylase	Serum / Plasma	U/L	1798-8	Amylase SerPl-cCnc						
3X	Amylase										
4	AST (SGOT)	Serum / Plasma	U/L	1920-8	AST SerPl-cCnc						
4X	AST (SGOT)										
5	Base Units Deficit	Blood	mEq/L	1922-4	Base Deficit BldA-sCnc						
5A	Base Units Excess	Blood	mEq/L	1925-7	Base Excess BldA-sCnc						
5X	Base Units (Delta)										
6	Bicarbonate	Serum	mEq/L = mmol/L	1963-8	HCO3 Ser-sCnc						
6A	Bicarbonate	Plasma	mEq/L = mmol/L	1962-0	HCO3 Plas-sCnc						
6B	Bicarbonate	Arterial Blood	mEq/L = mmol/L	1960-4	HCO3 BldA-sCnc						
6C	Bicarbonate	Blood	mEq/L = mmol/L	1959-6	HCO3 Bld-sCnc	If Venous or Unspecified					
6X	Bicarbonate										
7	Bilirubin Total	Serum / Plasma	mg/dL	1975-2	Bilirub SerPl-mCnc						
7A	Bilirubin Total	Serum / Plasma	umol/L	14631-6	Bilirub SerPl-sCnc						
7X	Bilirubin Total										
8	BNP	Serum / Plasma	pg/mL	30934-4	BNP SerPl-mCnc						
8A	BNP	Serum / Plasma	pmol/L	47092-2	BNP SerPl-sCnc						
8B	BNP	Blood	pg/mL	42637-9	BNP Bld-mCnc						
8X	BNP										
9	Calcium	Serum / Plasma	mg/dL	17861-6	Calcium SerPl-mCnc						
9A	Calcium	Serum / Plasma	mEq/L, mmol/L	2000-8	Calcium SerPl-sCnc						
9B	Calcium	Blood	mg/dL	49765-1	Calcium Bld-mCnc						
9C	Calcium	Blood	mEq/L, mmol/L	1996-8	Calcium Bld-sCnc						

Site: _____



2550 University Ave. W., Suite 350-5
 St. Paul, MN 55114-1900
 phone: (651) 641-1121; fax: (651) 659-1477
 toll-free: (800) 462-5393; www.mnhospitals.org

Minnesota Hospital Association

Date Completed: _____ Completed by: _____

LOINC Code Worksheet

TO BE COMPLETED BY LABORATORY

Test #	Laboratory Test Name	Specimen Type	Units	LOINC Code	LOINC Name	Comments	Specimen Type	Units	Normal Range	Method	Comments
9X	Calcium										
10	Creatine Kinase (CPK)	Serum / Plasma	U/L	2157-6	CK SerPI-cCnc						
10X	Creatine Kinase (CPK)										
11	Creatine Kinase MB	Serum / Plasma	ng/mL	13969-1	CK MB SerPI-mCnc						
11A	Creatine Kinase MB	Serum / Plasma	U/L	32673-6	CK MB SerPI-cCnc						
11B	Creatine Kinase MB	Serum / Plasma	%	20569-0	CK MB Fr SerPI	Concurrent Total CK Required					
11C	Creatine Kinase MB	Serum / Plasma	ratio	49136-5	CK MB SerPI-Rto	CK MB / TOTAL CK					
11D	Creatine Kinase MB	Serum / Plasma	ratio	2158-4	CK/CK MB SerPI-cRto	TOTAL CK / CK MB					
11E	Creatine Kinase MB	Serum / Plasma	U/L	2154-3	CK MB SerPI Elph-cCnc	Method = Electrophoresis					
11F	Creatine Kinase MB	Serum / Plasma	%	12187-1	CK MB Fr SerPI Elph	Method = Electrophoresis					
11G	Creatine Kinase MB	Serum / Plasma	U/L	6773-6	Deprecated CK MB SerPI EIA-cCnc	Method = EIA					
11H	Creatine Kinase MB	Serum / Plasma	%	12188-9	Deprecated CK MB Fr SerPI EIA	Method = EIA					
11I	Creatine Kinase MB	Blood	ng/mL	49551-5	CK MB Bld-mCnc						
11J	Creatine Kinase MB	Blood	ratio	50757-4	CK MB Bld-cCrt						
11X	Creatine Kinase MB										
12	Creatinine Serum	Serum / Plasma	mg/dL	2160-0	Creat SerPI-mCnc						
12A	Creatinine Serum	Serum / Plasma	umol/L	14682-9	Creat SerPI-sCnc						
12X	Creatinine Serum										
13	C Reactive Protein	Serum / Plasma	mg/dL	1988-5	CRP SerPI-mCnc						
13A	C Reactive Protein	Serum / Plasma	mg/dL	30522-7	CRP SerPI High Sens-mCnc	Method = High Sensitivity					
13B	C Reactive Protein	Serum / Plasma	Quintile	35648-5	CRP Quint SerPI Qn High Sens	Method = High Sensitivity					
13C	C Reactive Protein	Capillary Blood	mg/dL	48421-2	CRP BldC-mCnc						
13X	C Reactive Protein										
14	Glucose	Serum / Plasma	mg/dL	2345-7	Glucose SerPI-mCnc						
14A	Glucose	Serum / Plasma	mmol/L	14749-6	Glucose SerPI-sCnc						
14B	Glucose	Serum / Plasma	mg/dL	1558-6	Glucose p fast SerPI-mCnc	Fasting Value					
14C	Glucose	Serum / Plasma	mmol/L	14771-0	Glucose p fast SerPI-sCnc	Fasting Value					
14D	Glucose	Serum / Plasma	mg/dL	1521-4	Glucose 2H p meal SerPI-mCnc	Value 2 hours after meal					
14E	Glucose	Serum / Plasma	mmol/L	14761-1	Glucose 2H p meal SerPI-sCnc	Value 2 hours after meal					
14F	Glucose	Serum / Plasma	mg/dL	20436-2	Glucose 2H p Glc SerPI-mCnc	Value 2 hours after glucose challenge					

Site: _____

Date Completed: _____ Completed by: _____



2550 University Ave. W., Suite 350-5
 St. Paul, MN 55114-1900
 phone: (651) 641-1121; fax: (651) 659-1477
 toll-free: (800) 462-5393; www.mnhospitals.org

Minnesota Hospital Association

LOINC Code Worksheet

TO BE COMPLETED BY LABORATORY

Test #	Laboratory Test Name	Specimen Type	Units	LOINC Code	LOINC Name	Comments	Specimen Type	Units	Normal Range	Method	Comments
14G	Glucose	Serum / Plasma	mmol/L	14759-5	Glucose 2H p Glc SerPI-sCnc	Value 2 hours after glucose challenge					
14H	Glucose	Blood	mg/dL	2339-0	Glucose Bld-mCnc						
14I	Glucose	Blood	mmol/L	15074-8	Glucose Bld-sCnc						
14J	Glucose	Blood	mg/dL	6689-4	Glucose 2H p meal Bld-mCnc	Value 2 hours after meal					
14K	Glucose	Blood	mg/dL	49134-0	Glucose 2H p Glc Bld-mCnc	Value 2 hours after glucose challenge					
14L	Glucose	Capillary Blood	mg/dL	32016-8	Glucose BldC-mCnc						
14M	Glucose	Capillary Blood	mg/dL	1556-0	Glucose p fast BldC-mCnc	Fasting Value					
14N	Glucose	Capillary Blood	mmol/L	14760-3	Glucose 2H p meal BldC-sCnc	Value 2 hours after meal					
14X	Glucose										
15	Hemoglobin	Blood	g/dL	718-7	Hgb Bld-mCnc						
15A	Hemoglobin	Capillary Blood	g/dL	30352-9	Hgb BldC-mCnc						
15X	Hemoglobin										
16	Inhaled oxygen	n/a	%	3150-0	Inhaled O2 % Qn	FIO2 Concurrent with pO2 & with O2 Sat When FIO2 Available					
16A	Inhaled oxygen	n/a	L/min	3151-8	Inhaled O2 rate	O2 Rate Concurrent with pO2 & with O2 Sat When O2 Rate Available					
16X	Inhaled oxygen										
17	INR	Platelet Poor Plasma	ratio	6301-6	INR PPP Qn						
17A	Prothrombin Time	Platelet Poor Plasma	sec	5902-2	PT PPP Qn						
17X1	INR										
17X2	Prothrombin Time										
18	Lactic Acid	Serum / Plasma	mg/dl	14118-4	Lactate SerPI-mCnc						
18A	Lactic Acid	Serum / Plasma	mmol/L	2524-7	Lactate SerPI-sCnc						
18B	Lactic Acid	Blood	mmol/L	32693-4	Lactate Bld-sCnc						
18X	Lactic Acid										
19	Lactate Dehydrogenase (LDH)	Serum / Plasma	U/L	2532-0	LDH SerPI-cCnc						
19X	Lactate Dehydrogenase (LDH)										
20	Neutrophils Band	Blood	%	26508-2	Neuts Band Fr Bld	Specify Method When Available					
20A	Neutrophils Band	Blood	%	764-1	Neuts Band Fr Bld Manual						
20B	Neutrophils Band	Blood	%	35332-6	Neuts Band Fr Bld Auto						
20C	Neutrophils Band	Blood	10 ⁹ cells/uL	26507-4	Neuts Band # Bld	Concurrent Total WBC Required, Specify Method When Available					
20D	Neutrophils Band	Blood	10 ⁹ cells/uL	763-3	Neuts Band # Bld Manual	Concurrent Total WBC Required					

Site: _____



2550 University Ave. W., Suite 350-5
 St. Paul, MN 55114-1900
 phone: (651) 641-1121; fax: (651) 659-1477
 toll-free: (800) 462-5393; www.mnhospitals.org

Minnesota Hospital Association

Date Completed: _____ Completed by: _____

LOINC Code Worksheet

TO BE COMPLETED BY LABORATORY

Test #	Laboratory Test Name	Specimen Type	Units	LOINC Code	LOINC Name	Comments	Specimen Type	Units	Normal Range	Method	Comments
20E	Neutrophils Band	Blood	10 ⁹ cells/uL	30229-9	Neuts Band # Bld Auto	Concurrent Total WBC Required					
20X	Neutrophils Band										
21	Partial Thromboplastin Time	Platelet Poor Plasma	sec	14979-9	aPTT PPP Qn						
21X	Partial Thromboplastin Time										
22	pCO2 Arterial	Arterial Blood	mmHg	2019-8	pCO2 BldA Qn						
22X	pCO2 Arterial										
23	pH Arterial	Arterial Blood	none	2744-1	pH BldA-sCnc						
23X	pH Arterial										
24	Platelet Count	Blood	10 ⁹ cells/uL	26515-7	Platelet # Bld	Specify Method When Available					
24A	Platelet Count	Blood	10 ⁹ cells/uL	778-1	Platelet # Bld Manual						
24B	Platelet Count	Blood	10 ⁹ cells/uL	777-3	Platelet # Bld Auto						
24X	Platelet Count										
25	pO2 Arterial	Arterial Blood	mmHg	2703-7	pO2 BldA Qn	With Concurrent FIO2 When Available					
25A	O2 Saturation Arterial	Arterial Blood	%	2708-6	O2 % BldA	With Concurrent FIO2 When Available					
25X1	pO2 Arterial										
25X2	O2 Saturation Arterial										
26	Potassium	Serum / Plasma	mEq/L = mmol/L	2823-3	Potassium SerPl-sCnc						
26A	Potassium	Blood	mEq/L = mmol/L	6298-4	Potassium Bld-sCnc						
26X	Potassium										
27	pro-BNP	Serum / Plasma	pg/mL	33762-6	proBNP SerPl-mCnc						
27A	pro-BNP	Blood	pmol/L	33763-4	proBNP SerPl-sCnc						
27X	pro-BNP										
28	Sodium	Serum / Plasma	mEq/L = mmol/L	2951-2	Sodium SerPl-sCnc						
28A	Sodium	Blood	mEq/L = mmol/L	2947-0	Sodium Bld-sCnc						
28X	Sodium										
29	Troponin I	Serum / Plasma	ng/ml = ug/L	10839-9	Troponin I SerPl-mCnc						
29A	Troponin I	Blood	ng/ml = ug/L	42757-5	Troponin I Bld-mCnc						
29X	Troponin I										
30	Troponin T	Serum / Plasma	ng/ml = ug/L	6598-7	Troponin T SerPl-mCnc						
30A	Troponin T	Blood	ng/ml = ug/L	48425-3	Troponin T Bld-mCnc						

Site: _____

Date Completed: _____ Completed by: _____



2550 University Ave. W., Suite 350-5
 St. Paul, MN 55114-1900
 phone: (651) 641-1121; fax: (651) 659-1477
 toll-free: (800) 462-5393; www.mnhospitals.org

Minnesota Hospital Association

LOINC Code Worksheet

TO BE COMPLETED BY LABORATORY

Test #	Laboratory Test Name	Specimen Type	Units	LOINC Code	LOINC Name	Comments	Specimen Type	Units	Normal Range	Method	Comments
30X	Troponin T										
31	Urea Nitrogen Blood (BUN)	Serum / Plasma	mg/dL	3094-0	BUN SerPI-mCnc						
31A	Urea Nitrogen Blood (BUN)	Serum / Plasma	mmol/L	14937-7	BUN SerPI-sCnc						
31X	Urea Nitrogen Blood (BUN)										
32	White Blood Count	Blood	10 ⁹ cells/uL	26464-8	WBC # Bld	Specify Method When Available					
32A	White Blood Count	Blood	10 ⁹ cells/uL	804-5	WBC # Bld Manual						
32B	White Blood Count	Blood	10 ⁹ cells/uL	6690-2	WBC # Bld Auto						
32X	White Blood Count										

