



Quarterly HOTLINE: Effective **February 21, 2017**

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**New Test**    **2013927**    **Growth Hormone, 180 Minutes**    **GH 180**

Available Now

**Methodology:** Quantitative Chemiluminescent Immunoassay

**Performed:** Sun-Sat

**Reported:** 1-2 days

**Specimen Required:** Collect: Plasma Separator Tube (PST) or Serum Separator Tube (SST). Collect one tube per timed specimen. Also acceptable: Green (sodium or lithium heparin), Lavender (EDTA), or Pink (K<sub>2</sub>EDTA).

Specimen Preparation: Allow specimen to clot completely at room temperature. Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma per timed specimen to individual ARUP Standard Transport Tubes. (Min: 0.4 mL per timed specimen)

Storage/Transport Temperature: Frozen. Also acceptable: Refrigerated.

Unacceptable Conditions: Tissue or urine. Grossly hemolyzed or lipemic specimens.

Stability (collection to initiation of testing): Ambient: 24 hours; Refrigerated: 1 week; Frozen: 2 months

**Interpretive Data:** Growth hormone stimulation tests should induce a peak of greater than 5 ng/mL in children and greater than 4 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 5-8 ng/mL equivocal and only peak values of greater than 8 ng/mL as truly normal.

For suppression testing, normal subjects have growth hormone concentrations of less than 0.8 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.

**Note:** This Growth Hormone assay is now standardized to the Recombinant Second International Standard (IS): 98/574. Growth hormone results read approximately 25 percent lower than with the previous standards (First IS: 80/505). Reference ranges have also been modified according to the assay manufacturer.

**CPT Code(s):**    83003

New York DOH Approved.

**HOTLINE NOTE:** Refer to the Test Mix Addendum for interface build information.