MAYO CLINIC LABORATORIES

Test Definition: FGHTP

Ghrelin Total (Plasma)

Overview

Method Name
Radioimmunoassay (RIA)

NY State Available
No

Specimen

Specimen Type
GI Plasma

Shipping Instructions
Ship frozen

Specimen Required
Patient Preparation:
1. Fasting: 10 to 12 hours
2. Patient should not be on any medications or supplements that may influence cholecystokinin (CCK), glucose, growth hormone, insulin and/or somatostatin levels, if possible, for at least 48 hours prior to specimen collection.

Supplies: GI Preservative (T125)
Collection Container/Tube: GI preservative plasma tube
Submission Container/Tube: Plastic vial
Specimen Volume: 3 to 5 mL plasma
Collection Instructions:
1. Draw 10 mL of blood in a GI preservative plasma tube.
2. As soon as possible, centrifuge specimen in a refrigerated centrifuge.
3. Aliquot 3 to 5 mL plasma into a plastic vial and freeze at -20 degrees C.
4. Ship frozen.

Specimen Minimum Volume
Plasma: 1 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	Reject
Gross icterus	Reject
Specimens	Reject

other than collected in GI Preservative plasma tube (T125)	

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
GI Plasma	Frozen	180 days	

Clinical & Interpretive

Clinical Information
Refer to www.interscienceinstitute.com/individual-assays/

Reference Values
Normal weight/control subjects: 520-700 pg/mL

Obese subjects prior to diet: 340-450 pg/mL
8:00 am-12:00 pm: Up to 420 pg/mL
6:00 pm: Up to 480 pg/mL

Obese subjects post induced
Weight loss: 450-600 pg/mL
8:00 am-12:00 pm: Up to 575 pg/mL
6:00 pm: Up to 600 pg/mL

Obese subjects post gastric-bypass surgery: Up to 120 pg/mL

Cautions
The reference interval has been established using the ISI preservative indicated for this test. No other sample types are acceptable.

Performance

PDF Report
Referral

Day(s) Performed
Monday through Friday

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Report Available

5 to 9 days

Performing Laboratory Location

Inter Science Institute

Fees & Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact Customer Service.

Test Classification

This test has not been cleared or approved by the US Food and Drug Administration.
This test was developed and its performance characteristics determined by Inter Science Institute. Values obtained with different methods, laboratories, or kits cannot be used interchangeably with the results on this report. The results cannot be interpreted as absolute evidence of the presences or absence of malignant disease.

CPT Code Information

83519

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FGHTP	Ghrelin Total	76474-6

Result ID	Test Result Name	Result LOINC® Value
FGHTP	Ghrelin Total	76474-6