

Reporting Title: 11-Deoxycortisol, S**Performing Location:** Rochester**Necessary Information:**

Indicate if specimen was collection before or after metyrapone administration.

Specimen Requirements:

Supplies: Sarstedt Aliquot Tube, 5 mL (T914)

Collection Container/Tube:

Preferred: Red top

Acceptable: Serum gel

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. Morning (8 a.m.) specimen is preferred.
2. Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.4 mL

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Ambient	28 days	
	Frozen	28 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
46923	11-Deoxycortisol, S	Numeric	ng/dL	1657-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82634

Reference Values:

< or =18 years: <344 ng/dL

>18 years: 10-79 ng/dL

For International System of Units (SI) conversion for Reference Values,
see www.mayocliniclabs.com/order-tests/si-unit-conversion.html.