

Reporting Title: Calcium, Total, S**Performing Location:** Rochester**Necessary Information:**

Patient's age is required.

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. If drawing for more than total calcium, send first tube drawn.
2. Serum gel tubes should be centrifuged within 2 hours of collection.
3. Red-top tubes should be centrifuged and the serum aliquoted into a plastic vial within 2 hours of collection.

Specimen Minimum Volume:

0.25 mL

Forms:

If not ordering electronically, complete, print, and send a Renal Diagnostics Test Request (T830) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	240 days	
	Refrigerated	21 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
CA	Calcium, Total, S	Numeric	mg/dL	17861-6

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82310

Reference Values:

<1 year: 8.7-11.0 mg/dL
1-17 years: 9.3-10.6 mg/dL
18-59 years: 8.6-10.0 mg/dL
> or =60 years: 8.8-10.2 mg/dL