

Reporting Title: Intact Fibroblast Growth Factor 23**Performing Location:** Rochester**Specimen Requirements:**

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions: Centrifuge and aliquot serum into plastic vial.

Specimen Minimum Volume:

0.25 mL

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

Renal Diagnostics Test Request (T830)

Oncology Test Request (T729)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	90 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
607216	Intact Fibroblast Growth Factor 23	Numeric	pg/mL	54390-0

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83520

Reference Values:

Pediatric (<18 yrs): < or =52 pg/mL

Adults (> or =18 yrs): < or = 59 pg/mL