MAYO CLINIC
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 LABORATORIES
 Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency, Serum

# **Reporting Title:** CAH 21-Hydroxylase Profile **Performing Location:** Rochester

### **Ordering Guidance:**

This profile provides the simultaneous determination of 17-hydroxyprogesterone, androstenedione, and cortisol. These steroids can also be ordered individually: OHPG / 17-Hydroxyprogesterone, Serum; ANST / Androstenedione, Serum; and CINP / Cortisol, Mass Spectrometry, Serum.

#### Specimen Requirements:

Collection Container/Tube: Red top (serum gel/SST are not acceptable)
Specimen Volume: 0.6 mL
Submission Container/Tube: Plastic vial
Collection Instructions:
1. Morning (8 a.m.) and afternoon (4 p.m.) specimens are preferred.
2. Include time of collection.
3. Centrifuge and aliquot serum into a plastic vial.

Additional Information: If multiple specimens are collected, send separate order for each specimen.

#### **Specimen Minimum Volume:**

0.25 mL

#### Forms:

If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum Red	Refrigerated (preferred)	14 days	
	Frozen	28 days	
	Ambient	7 days	

# Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Туре	Reportable
CORTI	COLT1	Collection Time in Military Time	Plain Text	No

 
 MAYOCLINIC
 Test Definition: CAH21

 LABORATORIES
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 Deficiency
 Serum
 Deficiency, Serum

# **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
30040	Cortisol, S	Numeric	mcg/dL	2143-6
	Also used by tests: CORTI			
30070	AM Cortisol	Numeric	mcg/dL	9813-7
	Also used by tests: CORTI			
30071	PM Cortisol	Numeric	mcg/dL	9812-9
	Also used by tests: CORTI			
30041	Androstenedione, S	Numeric	ng/dL	1854-9
	Also used by tests: ANDRO			
30042	17-Hydroxyprogesterone, S	Numeric	ng/dL	1668-3
	Also used by tests: H17			

LOINC and CPT codes are provided by the performing laboratory.

# **Supplemental Report:**

No

# **Components:**

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
CORTI	Cortisol, S			Yes	Yes (order CINP)
ANDRO	Androstenedione, S			Yes	Yes (order ANST)
H17	17-Hydroxyprogesterone, S			Yes	Yes (order OHPG)

# **CPT Code Information:**

82157 82533 83498



Deficiency, Serum

### Reference Values:

#### CORTISOL

5-25 mcg/dL (a.m.) 2-14 mcg/dL (p.m.) Pediatric reference ranges are the same as adults, as confirmed by peer-reviewed literature. Petersen KE. ACTH in normal children and children with pituitary and adrenal diseases. I. Measurement in plasma by radioimmunoassay-basal values. Acta Paediatr Scand. 1981;70(3):341-345

ANDROSTENEDIONE PEDIATRICS\* Premature infants 26-28 weeks, day 4: 92-282 ng/dL 31-35 weeks, day 4: 80-446 ng/dL Full-term infants 1-7 days: 20-290 ng/dL

1 month-1 year: <69 ng/dL

#### Males\*

Tanner stages	Age (Years)	Reference range (ng/dL)
Stage I (prepubertal)	<9.8	<51
Stage II	9.8-14.5	31-65
Stage III	10.7-15.4	50-100
Stage IV	11.8-16.2	48-140
Stage V	12.8-17.3	65-210

#### Females\*

Tanner stages	Age (Years)	Reference range (ng/dL)
Stage I (prepubertal)	<9.2	<51
Stage II	9.2-13.7	42-100
Stage III	10.0-14.4	80-190
Stage IV	10.7-15.6	77-225
Stage V	11.8-18.6	80-240

\*Soldin SJ, Brugnara C, Wong EC. Androstenedione. In: Pediatric Reference Ranges. 4th ed. AACC Press; 2003:32-34

ADULTS Males: 40-150 ng/dL Females: 30-200 ng/dL

#### 17-HYDROXYPROGESTERONE

Children Preterm infants: Preterm infants may exceed 630 ng/dL, however, it is uncommon to see levels reach 1,000 ng/dL. Term infants 0-28 days: <630 ng/dL



Levels fall from newborn (<630 ng/dL) to prepubertal gradually within 6 months. Prepubertal males: <110 ng/dL Prepubertal females: <100 ng/dL

Adults Males: <220 ng/dL Females Follicular: <80 ng/dL Luteal: <285 ng/dL Postmenopausal: <51 ng/dL

Note: For pregnancy reference ranges, see: Soldin OP, Guo T, Weiderpass E, Tractenberg RE, Hilakivi-Clarke L, Soldin SJ. Steroid hormone levels in pregnancy and 1 year postpartum using isotope dilution tandem mass spectrometry. Fertil Steril. 2005;84(3):701-710