

Reporting Title: 17-Hydroxyprogesterone, S**Performing Location:** Rochester**Ordering Guidance:**

The preferred screening test for congenital adrenal hyperplasia caused by 21-hydroxylase deficiency is CAH21 / Congenital Adrenal Hyperplasia (CAH) Profile for 21-Hydroxylase Deficiency, Serum, which allows the simultaneous determination of 17-hydroxyprogesterone, androstenedione, and cortisol.

Necessary Information:

Patient's age and sex are required.

Specimen Requirements:

Collection Container/Tube: Red top (serum gel/SST are not acceptable)

Submission Container/Tube: Plastic vial

Specimen Volume: 0.6 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 General Test Request (T239) with the specimen.

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

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
9231	17-Hydroxyprogesterone, S	Numeric	ng/dL	1668-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

83498

Reference Values:

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, et al. Steroid hormone levels in pregnancy and 1 year postpartum using isotope dilution tandem mass spectrometry. Fertil Steril. 2005;84(3):701-710