

Dihydrotestosterone, LC-MS/MS

CPT Code: 82642

Order Code: 1189

ABN Requirement: Yes

Synonym: DHT

Specimen: EDTA plasma or Red Top Serum

Volume: 1.0 mL

Minimum Volume: 0.6 mL

Container:

Plasma: EDTA (Lavender Top tube)

Serum: No Gel-barrier tube (Red Top tube)

Collection:

EDTA Plasma:

1. Draw and gently invert 8 to 10 times.
2. Centrifuge for 10 minutes.
3. Pre-squeeze transfer pipet bulb and draw off approximately 2/3 of the upper plasma layer.
Note: This ensures that the buffy coat and red cells remain undisturbed.
4. Aliquot plasma into labeled transport tube labeled as "EDTA plasma" and cap tightly. Discard original tube.
5. Store transport tube refrigerated at 2-8°C until ready to ship.

Serum:

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.
5. Aliquot serum into labeled transport tube labeled as "Red Top Serum" and cap tightly. Discard original tube.
6. Store transport tube refrigerated at 2-8°C until ready to ship.

Transport: Store EDTA plasma or red top serum at 2°C to 8°C after collection and ship the same day per packaging instructions provided with the Cleveland HeartLab shipping box.

Stability:

Ambient (15-25°C): 7 days

Refrigerated (2-8°C): 7 days

Frozen (-20°C): 2 years

Deep Frozen (-70°C): 2 years

Causes for Rejection: Grossly or moderately hemolyzed samples; lipemic specimens; specimens other than EDTA plasma or red top serum; improper labeling; samples not stored properly; samples older than stability limits

Methodology: Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS)

Turn Around Time: 2 to 6 days

Reference Range:

Clinical Significance: Dihydrotestosterone (DHT) is a potent androgen derived from testosterone via 5-alpha-reductase activity. 5-alpha-reductase deficiency results in incompletely virilized males (phenotypic females). This diagnosis is supported by an elevated ratio of testosterone to DHT.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.