

Follicle Stimulating Hormone (FSH)

CPT Code: 83001

Order Code: C317

ABN Requirement: No

Synonyms: FSH

Specimen: Serum

Volume: 0.5 mL

Minimum Volume: 0.2 mL

Container: Gel-barrier tube (SST, Tiger Top)

Collection:

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.

Special Instructions: Samples should not be taken from patients receiving therapy with high biotin doses (>5 mg/day) until at least 8 hours following the last dose.

Transport: Store 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): not acceptable

Refrigerated (2-8°C): 14 days

Frozen (-20°C): 12 months

Deep Frozen (-70°C): 12 months

Causes for Rejection: Samples which are heat-inactivated; samples stabilized with azide; specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits

Methodology: Electrochemiluminescence Immunoassay (ECLIA)

Turn Around Time: 1 to 5 days

Reference Range:

| Age/Gender/Phase | mIU/mL |
|------------------------|------------|
| All Ages, Male | 1.5-12.4 |
| Female, Follicular | 3.5-12.5 |
| Female, Ovulatory | 4.7-21.5 |
| Female, Luteal | 1.7-7.7 |
| Female, Postmenopausal | 25.8-134.8 |

Intended Use: Follicle-stimulating hormone testing is used for women suspected of having polycystic ovary syndrome, and in individuals undergoing evaluation for infertility. Testing is also used for the evaluation of individuals with suspected pituitary disorders or diseases of the ovaries or testes.

Limitations: In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur.

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.