

Aldosterone

CPT Code: 82088

Order Code: C2397

ABN Requirement: No

Specimen: Serum or EDTA Plasma

Volume: 1.0 mL

Minimum Volume: 0.5 mL

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

Collection:

Serum:

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Let tube stand in a vertical position to allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.
5. Separate serum from cells ASAP.

EDTA Plasma:

1. Draw and gently invert 8 to 10 times.
2. Place specimen on ice after draw.
3. Centrifuge for 10 minutes.
4. 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.*
5. Aliquot plasma into labeled transport tube and cap tightly. Discard original tube.
6. Store transport tube refrigerated at 2-8°C until ready to ship.

Special Information: If specimen is collected in upright position, patient should be seated or standing for at least 30 minutes prior to collection. If specimen is collected in supine position, patient should be in supine position for at least 30 minutes prior to collection.

Transport: Store serum or EDTA plasma at 2-8°C after collection and ship the same day per packaging instructions provided with the Cleveland HeartLab

shipping box.

Stability:

Ambient (15-25°C): 24 hours

Refrigerated (2-8°C): 7 days

Frozen (-20°C): 4 weeks

Deep Frozen (-70°C): 4 weeks

Causes for Rejection: Specimens other than serum or EDTA plasma; improper labeling; samples not stored properly; samples older than stability limits

Methodology: Chemiluminescence Immunoassay (CLIA)

Turn Around Time: 3-7 days

Reference Range:

Age	ng/dL
1-12 months	5.8-110.0
1-5 years	<36.0
6-9 years	<24.0
10-11 years	<15.0
12-14 years	<22.0
15-17 years	3.0-32.0
>17 years	3.1-35.4

Clinical Information: Diagnosis of disorders of the renin-angiotensin-aldosterone system. Normal serum levels of aldosterone are dependent on the sodium intake and whether the patient is upright or supine. High sodium intake will tend to suppress serum aldosterone, whereas low sodium intake will elevate serum aldosterone. The reference interval for serum aldosterone is based on normal sodium intake.

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.