

Cortisol, AM/PM

CPT Code: 82533 (x2)

Order Code: C560

ABN Requirement: No

Synonyms: Total Cortisol, 2 Specimens; Hydrocortisone, 2 Specimens; Cortisol, Serum, 2 Specimens

Specimen: Serum or EDTA plasma

Volume: 1.0 mL for each specimen

Minimum Volume: 0.5 mL for each specimen

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

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.

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.

Special Instructions: Collect AM specimen between 6-10 AM. Collect PM specimen between 4-8 PM. Indicate collection time on the specimen containers and requisition form.

Note: This assay is not recommended when patient is receiving prednisone/prednisolone therapy due to cross reactivity with the antibody used in

this assay.

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): 4 days

Frozen (-20°C): 12 months

Deep Frozen (-70°C): 12 months

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

Methodology: Electrochemiluminescence Immunoassay (ECLIA)

Turn Around Time: 4 days

Reference Range:

Sample	µg/dL
Adult AM (6-10 AM) Specimen	4.8-19.5
Adult PM (4-8 PM) Specimen	2.5-11.9

Intended Use: Cortisol is increased in Cushing's disease and decreased in Addison's disease (adrenal insufficiency).

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.