

# Vitamin D, 1,25-Dihydroxy

**CPT Code:** 82652

**Order Code:** C1572

**Includes:** Vitamin D 1,25 (OH)<sub>2</sub>, Total; Vitamin D3 1,25 (OH)<sub>2</sub>; Vitamin D2 1,25 (OH)<sub>2</sub>

**ABN Requirement:** No

**Specimen:** Serum

**Volume:** 1.0 mL

**Minimum Volume:** 0.5 mL

**Container:** Red Top (no gel barrier) tube

## 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.
5. Aliquot serum into a labeled transport tube and cap tightly.

**Note:** If sample is submitted with less than 1.1 mL and needs to be repeated, the sample will be cancelled with the comment "TNP-Initial testing necessitated a repeat, but there was insufficient sample to perform repeat."

**Transport:** Store aliquoted 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):** 28 days

**Refrigerated (2-8°C):** 28 days

**Frozen (-20°C):** 28 days

**Causes for Rejection:** Specimens other than serum separated from cells; improper labeling; samples not stored properly; samples older than stability limits; gross hemolysis; lipemia; icteric specimens

**Methodology:** Chromatography/Mass Spectrometry

**Turn Around Time:** 6 days

**Reference Range:**

Reference ranges are established for total 1,25-dihydroxy vitamin D. Values for subcomponents D<sub>2</sub> (derived from plant or fungal sources) and D<sub>3</sub> (derived from human or animal sources) are provided for information purposes only).

**Clinical Significance:** This test measures the bioactive form of vitamin D. It is used in the differential diagnosis of hypocalcemia and to monitor patients with renal osteodystrophy or chronic renal failure. This test is not suitable for diagnosis of vitamin D deficiency and monitoring supplementation in most patients. The 25-hydroxyvitamin D test is the recommended test for those purposes (N Engl J Med. 2007;257:266-281).

*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.*