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**Reporting Title:** Calcium, Total, S**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**Necessary Information:**

Patient's age is required.

**Specimen Requirements:****Collection Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Submission Container/Tube:** Plastic vial**Specimen Volume:** 0.5 mL**Collection Instructions:**

1. If drawing for more than total calcium, send first tube drawn.
2. Serum gel tubes should be centrifuged within 2 hours of collection.
3. Red-top tubes should be centrifuged and the serum aliquoted into a plastic vial within 2 hours of collection.

**Forms:**If not ordering electronically, complete, print, and send a [Kidney Transplant Test Request](#) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	240 days	
	Refrigerated	21 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
CA	Calcium, Total, S	Numeric	mg/dL	17861-6

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82310

**Reference Values:**

&lt;1 year: 8.7-11.0 mg/dL

1-17 years: 9.3-10.6 mg/dL

18-59 years: 8.6-10.0 mg/dL

&gt; or =60 years: 8.8-10.2 mg/dL