

## **Test Definition: LPSC1**

Lipid Panel, Serum

## **Reporting Title:** Lipid Panel, S

Performing Location: Mayo Clinic Laboratories - Rochester Main Campus

#### **Specimen Requirements:**

Patient Preparation: Fasting is preferred but not required unless directed by the ordering provider.

**Collection Container/Tube:** 

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 1 mL

**Collection Instructions:** 

1. Serum gel tube must be centrifuged within 2 hours of collection.

2. Red-top tube must 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 <u>Renal Diagnostics Test Request</u> (T830) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	30 days	

#### Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Туре	Reportable
INTC1	RAWF	Fasting (8 HR or more), Raw	Answer List	Yes

## **Result Codes:**

Result ID	Reporting Name	Туре	Unit	LOINC®
CHOL	Cholesterol, Total, S	Numeric	mg/dL	2093-3
HDCH	Cholesterol, HDL, S	Numeric	mg/dL	2085-9
NHDCH	Cholesterol, Non-HDL, Calculated, S	Numeric	mg/dL	43396-1
TRIG	Triglycerides, S	Numeric	mg/dL	2571-8
CLDL1	Cholesterol, LDL, Calculated, S	Numeric	mg/dL	13457-7
INTC1	Fasting (8 HR or more)	Alphanumeric		87527-8

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

#### Supplemental Report:

No

**Components:** 

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Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
CHOL	Cholesterol, Total, S	1	82465	Yes	Yes
TRIG	Triglycerides, S	1	84478	Yes	Yes, (Order TRIG1)
HDCH	Cholesterol, HDL, S	1	83718	Yes	Yes
CLDL1	Cholesterol, LDL, Calculated, S			Yes	No
NHDCH	Cholesterol, Non-HDL, Calculated, S			Yes	No
INTC1	Fasting (8 HR or more)			Yes	No

### **CPT Code Information:**

80061-Lipid panel (if all 3 performed) 82465-Cholesterol, total (if all 3 are not performed) 84478-Triglycerides (if all 3 are not performed) 83718-Cholesterol, HDL (if all 3 are not performed)

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### **Reference Values:**

The National Lipid Association and the National Cholesterol Education Program have set the following guidelines for lipids in a context of cardiovascular risk for adults 18 years and older:

TOTAL CHOLESTEROL Desirable: <200 mg/dL Borderline High: 200-239 mg/dL High: > or =240 mg/dL

TRIGLYCERIDES Normal: <150 mg/dL Borderline High: 150-199 mg/dL High: 200-499 mg/dL Very High: > or =500 mg/dL

HIGH DENSITY LIPOPROTEIN (HDL) CHOLESTEROL Males > or =40 mg/dL Females > or =50 mg/dL

LOW DENSITY LIPOPROTEIN (LDL) CHOLESTEROL Desirable: <100 mg/dL Above Desirable: 100-129 mg/dL Borderline High: 130-159 mg/dL High: 160-189 mg/dL Very High: > or =190 mg/dL

NON-HDL CHOLESTEROL Desirable: <130 mg/dL Above Desirable: 130-159 mg/dL



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Borderline High: 160-189 mg/dL High: 190-219 mg/dL Very High: > or =220 mg/dL

The Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents has set the following guidelines for lipids in a context of cardiovascular risk for children ages 2-17: Reference values have not been established for patients who are younger than 24 months.

TOTAL CHOLESTEROL Acceptable: <170 mg/dL Borderline High: 170-199 mg/dL High: > or =200 mg/dL

TRIGLYCERIDES 2-9 years: Acceptable: <75 mg/dL Borderline High: 75-99 mg/dL High: > or =100mg/dL

10-17 years: Acceptable: <90 mg/dL Borderline High: 90-129 mg/dL High: > or =130 mg/dL

HDL CHOLESTEROL Low HDL: <40 mg/dL Borderline Low: 40-45 mg/dL Acceptable: >45 mg/dL

LDL CHOLESTEROL Acceptable: <110 mg/dL Borderline High: 110-129 mg/dL High: > or =130 mg/dL

NON-HDL CHOLESTEROL Acceptable: <120 mg/dL Borderline High: 120-144 mg/dL High: > or =145 mg/dL