Test Definition: CA

Calcium, Total, S

Overview

Useful For

Diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract

Method Name

Photometric

NY State Available

Yes

Specimen

Specimen Type

Serum

Necessary Information

Patient's age is required.

Specimen Required

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 Renal Diagnostics Test Request (T830) with the specimen.

Specimen Minimum Volume

0.25 mL

Reject Due To

Gross hemolysis	Reject
Gross lipemia	OK

Specimen Stability Information

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

Clinical and Interpretive

Clinical Information

The calcium content of an adult is somewhat over 1 kg (about 2% of the body weight). Of this, 99% is present as calcium hydroxyapatite in bones and less than 1% is present in the extra-osseous intracellular space or extracellular space (ECS). The calcium level in the ECS is in dynamic equilibrium with the rapidly exchangeable fraction of bone calcium. In serum, calcium is bound to a considerable extent to proteins (approximately 40%), 10% is in the form of inorganic complexes, and 50% is present as free or ionized calcium.

Calcium ions affect the contractility of the heart and the skeletal musculature, and are essential for the function of the nervous system. In addition, calcium ions play an important role in blood clotting and bone mineralization.

Hypocalcemia is due to the absence or impaired function of the parathyroid glands or impaired vitamin-D synthesis. Chronic renal failure is also frequently associated with hypocalcemia due to decreased vitamin-D synthesis as well as hyperphosphatemia and skeletal resistance to the action of parathyroid hormone (PTH). Characteristic symptoms of hypocalcemia are latent or manifest tetany and osteomalacia.

Hypercalcemia is brought about by increased mobilization of calcium from the skeletal system or increased intestinal absorption. A majority of cases are due to primary hyperparathyroidism (pHPT) or bone metastasis of carcinoma of the breast, prostate, thyroid gland, or lung. Patients who have pHPT and bone disease, renal stones or nephrocalcinosis, or other signs or symptoms are candidates for surgical removal of the parathyroid glands. Severe hypercalcemia may result in cardiac arrhythmia.

Calcium levels may also reflect abnormal vitamin D or protein levels.

Reference Values

<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

> or =60 years: 8.8-10.2 mg/dL

Interpretation

Hypocalcemia:

Long-term therapy must be tailored to the specific disease causing the hypocalcemia. The therapeutic endpoint is to achieve a serum calcium level of 8.0 to 8.5 mg/dL to prevent tetany. For symptomatic hypocalcemia, calcium may be administered intravenously.

Hypercalcemia:

The level at which hypercalcemic symptoms occur varies from patient to patient. Symptoms are common when serum calcium levels are above 11.5 mg/dL, although patients may be asymptomatic at this level. Levels above 12.0 mg/dL are considered a critical value. Severe hypercalcemia (>15.0 mg/dL) is a medical emergency.

Cautions

The interference of intravenously administered gadolinium containing MRI (magnetic resonance imaging) contrast media was tested (Omniscan, Optimark) but no interference was found at the therapeutic concentration. Interferences at higher concentrations were observed.

Clinical Reference

1. Rifai N, Horvath AR, Wittwer CT, eds. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 6th ed. Elsevier; 2018.

2. Baldwin TE, Chernow B: Hypocalcemia in the ICU. J Crit Illness. 1987;2:9-16

3. Estey MP, Cohen AH, Colantonio DA, et al: CLSI-based transference of the CALIPER database of pediatric reference intervals from Abbott to Beckman, Ortho, Roche and Siemens Clinical Chemistry Assays: direct validation using reference samples from the CALIPER cohort. Clin Biochem. 2013;46:1197-1219

Performance

Method Description

Calcium ions react with 5-nitro-5'-methyl-1,2-bis(o-aminophenoxy)ethane-N,N,N',N'-tetraacetic acid (NM-BAPTA) under alkaline conditions to form a complex. This complex reacts in the second step with EDTA. The change in absorbance is directly proportional to the calcium concentration and is measured photometrically.(Package insert: Roche Calcium Gen.2 reagent. Roche Diagnostics; 07/2012)

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

Same day/1 to 2 days

Specimen Retention Time

1 week

Performing Laboratory Location

Rochester

Fees and Codes

Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

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Calcium, Total, S

Test Classification

This test has been cleared, approved or is exempt by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

82310

LOINC® Information

Test ID	Test Order Name	Order LOINC Value
CA	Calcium, Total, S	17861-6

Result ID	Test Result Name	Result LOINC Value
CA	Calcium, Total, S	17861-6