Overview

Useful For
Diagnosis and management of a variety of disorders including bone, parathyroid, and renal disease

Method Name
Photometric, Ammonium Molybdate

NY State Available
Yes

Specimen

Specimen Type
Serum

Necessary Information
Patient’s age and sex are required.

Specimen Required

Patient Preparation: Patient should fast overnight (12-14 hours)

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 0.5 mL

Collection Instructions:

1. Serum gel tubes should be centrifuged within 2 hours of collection.

2. Red-top tubes should be centrifuged and aliquoted 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 |

Specimen Stability Information
Test Definition: PHOS
Phosphorus (Inorganic), S

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<tbody>
<tr>
<td>Serum</td>
<td>Frozen (preferred)</td>
<td>365 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refrigerated</td>
<td>7 days</td>
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Clinical and Interpretive

Clinical Information

Of the phosphorus contained in the body, 88% is localized in bone in the form of hydroxyapatite. The remainder is involved in intermediary carbohydrate metabolism and in physiologically important substances such as phospholipids, nucleic acids, and adenosine triphosphate (ATP). Phosphorus occurs in blood in the form of inorganic phosphate and organically bound phosphoric acid. The small amount of extracellular organic phosphorus is found exclusively in the form of phospholipids. Serum contains approximately 2.5 to 4.5 mg/dL of inorganic phosphate (the fraction measure in routine biochemical assays). Serum phosphate concentrations are dependent on meals and variation in the secretion of hormones such as parathyroid hormone (PTH) and may vary widely.

Hypophosphatemia may have 4 general causes: shift of phosphate from extracellular to intracellular, renal phosphate wasting, loss from the gastrointestinal tract, and loss from intracellular stores.

Hyperphosphatemia is usually secondary to an inability of the kidneys to excrete phosphate. Other factors may relate to increased intake or a shift of phosphate from the tissues into the extracellular fluid.

Reference Values

Males

1-4 years: 4.3-5.4 mg/dL
5-13 years: 3.7-5.4 mg/dL
14-15 years: 3.5-5.3 mg/dL
16-17 years: 3.1-4.7 mg/dL
> or =18 years: 2.5-4.5 mg/dL

Reference values have not been established for patients that are less than 12 months of age.

Females

1-7 years: 4.3-5.4 mg/dL
8-13 years: 4.0-5.2 mg/dL
14-15 years: 3.5-4.9 mg/dL
16-17 years: 3.1-4.7 mg/dL
> or =18 years: 2.5-4.5 mg/dL
Test Definition: PHOS
Phosphorus (Inorganic), S

Reference values have not been established for patients that are less than 12 months of age.

Interpretation
Hypophosphatemia is relatively common in hospitalized patients. Serum concentrations of phosphate between 1.5 and 2.4 mg/dL may be considered moderately decreased and are not usually associated with clinical signs and symptoms. Levels below 1.5 mg/dL may result in muscle weakness, hemolysis of red cells, coma, and bone deformity and impaired growth.

The most acute problem associated with rapid elevations of serum phosphate levels is hypocalcemia with tetany, seizures, and hypotension. Soft tissue calcification is also an important long-term effect of high phosphorus levels.

Phosphorus levels below 1.0 mg/dL are potentially life-threatening and are considered a critical value in the Mayo Health System.

Cautions
Phosphorus has a very strong biphasic circadian rhythm. Values are lowest in the morning, peak first in the late afternoon and peak again in the late evening. The second peak is quite elevated and results may be outside the reference range.

Clinical Reference

Performance

Method Description
The method is based on the reaction of phosphate with ammonium molybdate to form ammonium phosphomolybdate (without reduction). The addition of an accelerator gives rise to a more rapid rate of reaction. Sample blanking yields more precise results. (Package insert: Roche Phosphorus reagent, Roche Diagnostics Corp, Indianapolis, IN, 1999)

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Sunday; Continuously

Analytic Time
Same day/1 day

Maximum Laboratory Time
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.

Test Classification

This test has been cleared or approved 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

84100

LOINC® Information

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<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
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<tr>
<td>PHOS</td>
<td>Phosphorus (Inorganic), S</td>
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<table>
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