Overview

Useful For
Diagnosis of acromegaly and assessment of treatment efficacy (in conjunction with glucose suppression test)

Diagnosis of human growth hormone deficiency (in conjunction with growth hormone stimulation test)

Method Name
Immunoenzymatic Assay

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required
Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 0.6 mL

Collection Instructions:
1. Fasting

2. If multiple specimens are drawn, submit each vial under a separate order.

3. Label specimens appropriately (corresponding draw time).

Forms
If not ordering electronically, complete, print, and send an Oncology Test Request (T729) with the specimen.

Specimen Minimum Volume
0.5 mL

Reject Due To

<p>| | |</p>
<table>
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<tbody>
<tr>
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<tr>
<td>Gross lipemia</td>
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Specimen Stability Information
Clinical and Interpretive

Clinical Information

The anterior pituitary secretes human growth hormone (hGH) in response to exercise, deep sleep, hypoglycemia, and protein ingestion. hGH stimulates hepatic insulin-like growth factor-1 and mobilizes fatty acids from fat deposits to the liver. Hyposecretion of hGH causes dwarfism in children. Hypersecretion causes gigantism in children or acromegaly in adults.

Because hGH levels in normal and diseased populations overlap, hGH suppression and stimulation tests are needed to evaluate conditions of hGH excess and deficiency; random hGH levels are inadequate.

Reference Values

Adults

Males: 0.01-0.97 ng/mL
Females: 0.01-3.61 ng/mL

Reference intervals have not been formally verified in-house for pediatric and adolescent patients. The published literature indicates that reference intervals for adult, pediatric, and adolescent patients are comparable.

For SI unit Reference Values, see [https://www.mayocliniclabs.com/order-tests/si-unit-conversion.html](https://www.mayocliniclabs.com/order-tests/si-unit-conversion.html)

Interpretation

Acromegaly: For suppression testing, normal subjects have a nadir growth hormone (GH) concentration of <0.3 ng/mL after ingestion of a 75-gram glucose dose. Patients with acromegaly fail to show normal suppression. Using the Access ultrasensitive hGH assay, a cutoff of 0.53 ng/mL for nadir GH was found to most accurately differentiate patients with acromegaly in remission from active disease with a sensitivity of 97% (95% CI, 83%-100%) and a specificity of 100% (95% CI, 82%-100%).(1)

Deficiency: A normal response following stimulation tests is a peak GH concentration >5 ng/mL in children and >4 ng/mL in adults. For children, some experts consider GH values between 5 ng/mL and 8 ng/mL equivocal and only GH peak values >8 ng/mL as truly normal. Low levels, particularly under stimulation, indicate human growth hormone deficiency.

Cautions

The test has limited value in assessing growth hormone secretion in normal children. IGF1 / Insulin-Like Growth Factor 1, Serum is recommended as the first test for assessing deficient or excess growth during childhood and adolescent development; reference intervals for Tanner stages are available. Suspected causes of dwarfism need to be diagnosed with the aid of provocative testing.

This test is not useful as a screen for acromegaly; IGF1 / Insulin-Like Growth Factor 1, Serum is preferred. Elevated levels of human growth hormone indicate the possibility of gigantism or acromegaly, but must be confirmed with stimulation and suppression testing.

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<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
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<td>Frozen</td>
<td>90 days</td>
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</table>
Growth hormone is secreted in surges; single measurements are of limited diagnostic value.

**Clinical Reference**


**Performance**

**Method Description**

The instrument used is the Beckman Coulter UniCel DXI 800. The Access Ultrasensitive human growth hormone (hGH) assay is a simultaneous one-step immunoenzymatic (“sandwich”) assay. A sample is added to a reaction vessel along with polyclonal goat anti-hGH alkaline phosphatase conjugate and paramagnetic particles coated with mouse monoclonal anti-hGH antibody. The patient sample hGH binds to the monoclonal anti-hGH on the solid phase, while the goat anti-hGH-alkaline phosphatase conjugate reacts with a different antigenic site on patient sample hGH. After incubation in a reaction vessel, materials bound to the solid phase are held in a magnetic field while unbound materials are washed away. Then, the chemiluminescent substrate Lumi-Phos 530 is added to the vessel and light generated by the reaction is measured with a luminometer. The light production is directly proportional to the concentration of hGH in the sample. The amount of analyte in the sample is determined from a stored, multi-point calibration curve. (Beckman Coulter Assay Manual 2007. Beckman Coulter Inc. 4300 N Harbor Blvd. Fullerton, CA 92835)

**PDF Report**

No

**Day(s) and Time(s) Test Performed**

Monday through Friday 5 a.m. – 12 a.m., Saturday 6 a.m. – 6 p.m.

**Analytic Time**

1 day

**Maximum Laboratory Time**

3 days

**Specimen Retention Time**

Document generated December 11, 2019 at 6:21am CST
Test Definition: HGH
Growth Hormone, S

14 days

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
83003

LOINC® Information

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