

Vitamin E, Serum

## **Overview**

#### **Useful For**

Monitoring of Vitamin E supplementation/treatment

Potentially detecting Vitamin E overdoses

#### **Method Name**

Liquid Chromatography Tandem Mass Spectrometry (LC-MS/MS)

#### **NY State Available**

Yes

# **Specimen**

## **Specimen Type**

Serum

#### **Shipping Instructions**

Ship specimen in amber vial to protect from light.

#### **Specimen Required**

Patient Preparation: Patient should fast overnight (12-14 hours); infants should have specimen collected before next

feeding.

Supplies: Amber Frosted Tube, 5 mL (T915)

**Collection Container/Tube:** 

**Preferred:** Red top **Acceptable:** Serum gel

Submission Container/Tube: Amber vial

Specimen Volume: 0.5 mL

**Collection Instructions**: Centrifuge and aliquot serum into light protected plastic vial within 2 hours of collection.

#### **Forms**

If not ordering electronically, complete, print, and send a General Request (T239) with the specimen.

#### **Specimen Minimum Volume**

0.25 mL

## **Reject Due To**

Gross	Reject
hemolysis	



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Gross lipemia	Reject
Gross icterus	OK

#### **Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum Refrigerated (preferre		44 days	LIGHT PROTECTED
	Ambient	7 days	LIGHT PROTECTED
	Frozen	44 days	LIGHT PROTECTED

# **Clinical & Interpretive**

#### **Clinical Information**

Vitamin E is the generic term for two different groups of methylated phenol compounds with a chromane alcoholic core linked to poly-carbon chains (tocopherols and tocotrienols).

These vitamins are all free radical scavengers, with a-Tocopherol being the most potent one in humans, as most of the related compounds are not re-secreted by the liver, thus leading to much lower circulating concentrations.

Vitamin E deficiency is very rare and mostly seen in patients with extreme malabsorption of fat and in patients with abetalipoproteinemia, a rare inborn error of metabolism. Patients with these conditions may develop peripheral neuropathy, myopathy, retinopathy, and immune deficiency.

There is a large body of scientific studies that indicates positive effects on outcomes of various diseases if regular Vitamin E supplementation is provided; however, several trials have shown evidence of increasing bleeding risks at high Vitamin E doses. Therefore, tables of tolerable doses in children and adults have been established, which should not be exceeded.

#### **Reference Values**

0-17 years: 3.8-18.4 mg/L > or =18 years: 5.5-17.0 mg/L

#### Interpretation

Vitamin E concentrations within the healthy reference population range usually indicate adequate Vitamin A stores.

The rare occurrence of low Vitamin A levels might correlate with potential deficiency and investigation of potential fat malabsorptions should be considered.

Conversely, Vitamin E concentrations significantly above the upper healthy reference population range might indicate that Vitamin E intake exceeds the tolerable upper daily intake level(s).

## **Cautions**

Testing of nonfasting specimens or the use of vitamin supplementation can result in elevated serum vitamin concentrations. Reference values were established using specimens from individuals who were fasting.



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#### **Clinical Reference**

- 1. Ball GFM. Vitamins: Their role in the human body. Oxford, Blackwell Publishing. 2004:234-255
- 2. Traber MG. Vitamin E. In: Shils ME, Shike M, Ross AC, et al, eds. Modern Nutrition in Health and Disease.10th ed. Lippincott Williams and Wilkins; 2006:434-441
- 3. Roberts NB, Taylor A, Sodi R. Vitamins and trace elements. In: Rifai N, Horvath AR, Wittwer CT, eds. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 6th ed. Elsevier; 2018:chap37
- 4. Sodi R. Vitamins and trace elements. In: Rifai N, Chiu RWK, Young I, Burnham C-AD, Wittwer CT, eds. Tietz Textbook of Laboratory Medicine. 7th ed. Elsevier; 2023:417-417.e104

#### **Performance**

### **Method Description**

Deuterated vitamin E (d6-alpha-tocopherol) is added to serum as an internal standard. Vitamin E (alpha-tocopherol) and the deuterated internal standard are extracted from the specimens and analyzed by liquid chromatography-tandem mass spectrometry. (Unpublished Mayo method)

#### **PDF Report**

No

#### Day(s) Performed

Sunday through Friday

#### Report Available

3 to 5 days

# **Specimen Retention Time**

14 days

#### **Performing Laboratory Location**

Mayo Clinic Laboratories - Rochester Superior Drive

#### **Fees & Codes**

#### **Fees**

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

#### **Test Classification**

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. It has not been cleared or approved by the US Food and Drug Administration.



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# **CPT Code Information**

84446

# **LOINC®** Information

Test ID	Test Order Name	Order LOINC® Value
VITE	Vitamin E, S	1823-4

Result ID	Test Result Name	Result LOINC® Value
2350	A-Tocopherol, Vitamin E	1823-4