

Insulin-Like Growth Factor-1, Mass Spectrometry, Serum

Test ID: IGFMS

Explanation: Due to assay issues impacting IGFMS, testing continues to be non-orderable.

Note:

The referral option shown below is the new built-code equivalent for the ZW131/16293 referral option that was previously provided when testing was taken down. Client price honoring will continue 30 days from the original notice.

Recommended Alternative Test:

IGF-1, LC/MS

Test ID: FIGF1

Methods:

Liquid Chromatography/Mass Spectrometry (LC/MS)

Reference Values:

Pediatric	Male (ng/mL)	Female (ng/mL)
<1 Years	14-142	17-185
1-1.9 Years	12-134	15-175
2-2.9 Years	12-135	16-179
3-3.9 Years	30-155	38-214
4-4.9 Years	28-181	34-238
5-5.9 Years	31-214	37-272
6-6.9 Years	38-253	45-316
7-7.9 Years	48-298	58-367
8-8.9 Years	62-347	76-424
9-9.9 Years	80-398	99-483
10-10.9 Years	100-449	125-541
11-11.9 Years	123-497	152-593
12-12.9 Years	146-541	178-636
13-13.9 Years	168-576	200-664
14-14.9 Years	187-599	214-673
15-15.9 Years	201-609	218-659
16-16.9 Years	209-602	208-619

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17-17.9 Years 207-576 185-551

Adult	(ng/mL)
18-19.9 Years	108-548
20-24.9 Years	83-456
25-29.9 Years	63-373
30-39.9 Years	53-331
40-49.9 Years	52-328
50-59.9 Years	50-317
60-69.9 Years	41-279
70-79.9 Years	34-245
>80 Years	34-246
Z-Score (Male) Z-Score (Female)	-2.0 - +2.0 SD -2.0 - +2.0 SD

Pediatric Tanner Stages See Laboratory Report

Specimen Requirements:

Specimen:	Serum
Preferred:	Red Top
Acceptable:	Serum Gel
Submission Container:	Plastic Vial
Specimen Volume:	0.5 mL
Collection Instructions:	 Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Centrifuge and aliquot 0.5 mL of serum into a plastic vial. Send refrigerate.
Minimum Volume:	0.3 mL

Specimen Stability Information:

Specimen Type	Temperature	Time
Serum	Refrigerated	7 days
	Frozen	60 days

CPT Code:

84305

Day(s) Performed: Monday through Sunday

Report Available: 4-8 days

Fee: \$62.50

Questions

Contact Joshua Yang, Laboratory Technologist Resource Coordinator at 800-533-1710.