

ENDOCRINE LABORATORY TEST REPERTOIRE

Department of Medical Biochemistry and Immunology
University Hospital of Wales
Heath Park
Cardiff
CF14 4XW

Endocrine Service Open Monday – Friday 08:45 to 17:15

For laboratory general enquiries:

Automated Immunoassay Tests Tel: 029 2184 2637
Specialist Endocrine Tests Tel: 029 2184 8368

Contact: Rachel Hunt (Lead Biomedical Scientist Endocrine & Screening)
Email: rachel.hunt@wales.nhs.uk Tel: 029 2184 4157

For clinical advice:

Dr Carol Evans (Consultant Clinical Scientist, Laboratory Director of UHB Medical Biochemistry & Immunology Service)
Email: carol.evans9@wales.nhs.uk Tel: 029 2184 8367

FOR URGENT REQUESTS PLEASE CONTACT THE LABORATORY

Samples will be processed as soon as it is feasible to do so.

It may be possible to process small sample volumes but advisable to contact laboratory for advice.

Please provide clinical details, particularly current patient medication, and collection times of sample on all request forms

Specialist Endocrine Tests

Assay	Sample Requirement	Sample Handling / Transport	Methodology	Reference Range	Turnaround Time (target working days)	EQA	Clinical Utility
Anti thyroglobulin	Serum 250µL	First Class Post	Abbott Alinity Immunoassay	<3 kU/L	5 days	U.K.NEQAS Birmingham	1. Screen for interference in Tg assay. 2. Tumour marker for differentiated thyroid cancer
Dehydroepiandrosterone sulphate (DHEA-S)	Serum/ Li Hep Plasma 150µL	First class post	Tandem Mass Spectrometry	Reference range available from laboratory on request	5 days	U.K.NEQAS Birmingham	1. Investigation of significant hyperandrogenism and/or virilization of sudden onset. 2. Investigation of premature adrenarche
Insulin (specific assay for research trials)	Serum/ EDTA Plasma 200µL	Separate and freeze immediately. Transport frozen.	Abbott Alinity Immunoassay	Interpretation available from laboratory	Assay performed in specific batches	U.K.NEQAS Guildford	Specific insulin assay. Recommended for research trials and studies
Sex hormone binding globulin (SHBG)	Serum or Li Heparin Plasma 200µL	First Class Post	Abbott Alinity Immunoassay	Adult male 14 – 71 nmo/L Premenopausal female 20 - 155 nmol/L Postmenopausal female 14 - 69 nmol/L	7 days	U.K.NEQAS Birmingham	Assessment of androgen status

Assay	Sample Requirement	Sample Handling / Transport	Methodology	Reference Range	Turnaround Time (target working days)	EQA	Clinical Utility
17(OH)Progesterone	Serum/Li Heparin Plasma 250µL	After separation freeze sample at -20C. First class post	Tandem Mass Spectrometry	Serum 17OHP nmol/L Female : = or <7 days <8.5 8-90 days 3.9 91 days-1 year <2.4 1-6 years <1.7 7-12 years <2.6 13-15 years <2.7 >16 years <2.6 Male : = or <7 days <3.6 8-90 days 5.9 91 days-1 year <6.5 1-6 years <1.7 7-12 years <2.5 13-15 years <3.5 >16 years <5.6	3 days	U.K.NEQAS Birmingham	Diagnosis and monitoring of congenital adrenal hyperplasia
17(OH)P Blood Spot	Heel Prick fully filled 1cm spot	First Class Post	Tandem Mass Spectrometry	Time 17OHP nmol/L 0800 30-70 12:00 <12 16:00 <8 22:00 <8	10 days	CDC Atlanta	Monitoring congenital adrenal hyperplasia
Salivary 17OHP	Saliva (passive drool) Approx 5ml (1teaspoon)	First Class Post	Tandem Mass Spectrometry	Time 17OHP pmol/L 0800 260-1000 12:00 <130 16:00 <130 22:00 <130	5 days	RFB Scheme	Monitoring congenital adrenal hyperplasia

Assay	Sample Requirement	Sample Handling / Transport	Methodology	Reference Range	Turnaround Time (target working days)	EQA	Clinical Utility
ACTH	EDTA Plasma 250µL	Take blood into cooled tubes, transport to lab on ice. Separate and freeze immediately. Transport frozen.	Siemens Immulite 2000 XPi	< 46 ng/L	5 days	U.K.NEQAS Edinburgh	Second line investigation of Cushing's syndrome and adrenal insufficiency
Anti-Mullerian Hormone	Serum 250µL	Stable for 3 days at 20-25°C, 5 days at 2-8°C, 6 months at -20°C. Freeze sample only once	Beckman DXi Immunoassay	AMH Range pmol/L <1.5 Negligible response 1.5-6.5 Reduced response 6.6-19.8 Safe response >19.9 Excessive response	10 days	U.K.NEQAS Edinburgh	1. Predicts ovarian reserve. 2. Used to individualise IVF treatment. 3. Investigation of selected cases of ambiguous genitalia.
Androstenedione	Serum/Li Heparin Plasma 250µL	First Class Post	Tandem Mass Spectrometry	Provided on report. Interpretation available from the laboratory	5 days	U.K.NEQAS Birmingham	1. The investigation of hyperandrogenism. 2. The management of congenital adrenal hyperplasia due to 11 beta or 21-hydroxylase deficiency. 3. Diagnosis of 17 beta hydroxysteroid dehydrogenase deficiency

Assay	Sample Requirement	Sample Handling / Transport	Methodology	Reference Range	Turnaround Time (target working days)	EQA	Clinical Utility
Salivary Cortisol Day Profile	Saliva - passive drool in Universal container or collection using salivettes Approx 5ml (1teaspoon)	First Class Post	Tandem Mass Spectrometry	Salivary cortisol day profile: Time Salivary Cortisol 8am nmol/L 3 - 20 Midday <6.1 4pm <2.9 10pm <1.7	10 days	IBL Hamburg and RFB scheme	Monitoring glucocorticoid replacement in adrenal insufficiency.
Late night (11 pm) Salivary Cortisol	Saliva - passive drool in Universal container or collection using salivettes Approx 5ml (1teaspoon)	First Class Post	Tandem Mass Spectrometry	Late night salivary cortisol (11 pm) : <1.7 nmol/L	10 days	IBL Hamburg and RFB scheme	Screening test for Cushing's syndrome
C-Peptide	Serum, EDTA or Li Heparin Plasma 250µL	Separate and freeze immediately. Transport frozen.	Mercodia Elisa	Interpretation available from the laboratory.	10 days	U.K.NEQAS Guildford	1. Differential diagnosis hypoglycaemia. 2. Evaluation of pancreatic β -cell function.
Calculated Free Testosterone	See Testosterone	First class post	Calculation	0.23 - 0.63 nmol/L	5 days	UK NEQAS for Steroid Hormones	Investigation of male hypogonadism
Growth Hormone	Serum / Li Heparin Plasma 250µL	First Class Post	Siemens Immulite 2000 XPi	Interpretation available from the laboratory	5 days	U.K.NEQAS Edinburgh	Investigation of Growth Hormone deficiency and excess

Assay	Sample Requirement	Sample Handling / Transport	Methodology	Reference Range	Turnaround Time (target working days)	EQA	Clinical Utility
IGF 1	Serum, EDTA or Li Heparin Plasma 250µL	Separate and freeze within 24 hours. Transport frozen.	Siemens Immulite 2000 XPi	Interpretation available from laboratory	5 days	U.K.NEQAS Guildford	Investigation of Growth Hormone deficiency and excess
Insulin	Serum, EDTA or Li Heparin Plasma 250µL	Separate and freeze immediately. Transport frozen. If the sample hasn't been frozen please still refer with appropriate details	Mercodia Elisa	Interpretation available from laboratory	10 days	U.K.NEQAS Guildford	Non specific insulin assay recommended for the investigation of hypoglycaemia
Testosterone	Serum/ Li Heparin plasma 250µL	First Class Post	Tandem Mass Spectrometry	Adult Male 8 - 30 nmol/L Adult Female <1.7 nmol/L	4 days	NEQAS Birmingham	1. Investigation of hirsutism/ virilisation in females. 2. Investigation of hypogonadism in males. 3. Monitoring testosterone replacement
Urine Free Cortisol	24 hour urine - plain container 3mL aliquot	First Class Post	Tandem Mass Spectrometry	Adult <146 nmol/24hrs	5 days	U.K.NEQAS Birmingham	Screening for Cushing's syndrome

Assay	Sample Requirement	Sample Handling / Transport	Methodology	Reference Range	Turnaround Time (target working days)	EQA	Clinical Utility
Prolactin	1ml serum	First Class Post	Abbott Alinity Immunoassay	Adult Female 109-557 mU/L Adult Male 73-407mU/L	3 days	U.K NEQAS Birmingham	1.Investigation of pituitary function. 2.Assessment of infertility, amenorrhoea, impotence, galactorrhoea, failure of lactation
Thyroglobulin	Serum 600µL	First Class Post	Beckman DXi Immunoassay	In thyroid cancer patients after total thyroidectomy or I ¹³¹ ablation < 0.1 ug/L Thyroglobulin in non-thyroid cancer patients: Child<3 weeks 10 - 250 ug/L >1 year - Adult 5 - 40 ug/L	5 days	U.K.NEQAS Birmingham	1. Post operative monitoring of differentiated thyroid cancer. 2. Used in the differential diagnosis of neonatal hypothyroidism
Thyroid Stimulating Immunoglobulins	Serum 250µL	First Class Post	Siemens Centaur Immunoassay	< 0.55 IU/L	5 days	UKNEQAS Sheffield	1. Diagnosis of Grave's disease. 2. Diagnosis of thyroid associated ophthalmology. 3. To predict/diagnose transient neonatal hyperthyroidism.

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Blood Spot TSH	Blood spot	First Class Post	Perkin Elmer Autodelphia	Contact laboratory	3 days	U.K.NEQAS Birmingham, DGKL Germany, CDC Atlanta	Screening for hypothyroidism
Total 25OH Vitamin	Serum, EDTA or Li Heparin Plasma 300µL	First Class Post	Abbott Alinity Immunoassay	Total 25 OH vitamin D (nmol/L) <30 Deficiency 30-50 Insufficiency >50 Adequate	2 days	UK NEQAS for Vitamin D	Guidelines are available from the laboratory on request
Extracted Prolactin	See Prolactin	See Prolactin	PEG precipitation	Contact laboratory	5 days	See Prolactin	Screening for macro Prolactin interference
P3NP	Serum 1mL	Store at 2-8°C up to 7 days. For longer periods store frozen. First Class Post	Siemens Centaur Immunoassay	Contact laboratory	10 days	UK NEQAS for Liver Fibrosis markers (Pilot)	Marker for liver fibrosis for patients receiving Methotrexate
5-HIAA	10ml of 24hr urine collection	Overnight room temperature	Tandem Mass Spectrometry	Contact laboratory	10 days	U.K.NEQAS Birmingham	Carcinoid syndrome
Children's Catecholamine investigations (HMMA/HVA)	5ml fresh acidified urine	Overnight room temperature	GC/HPLC	Contact laboratory	10 days	U.K.NEQAS Birmingham	Neuroblastoma

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Urine Metadrenalines	20ml of 24hr urine collection	Overnight room temperature	Tandem Mass Spectrometry	Contact laboratory	7 days	U.K.NEQAS Birmingham	Phaeochromocytoma