17-Hydroxyprogesterone

CPT Code: 83498 **Order Code:** 17180

ABN Requirement: No

Synonym: Hydroxyprogesterone-17 **Specimen**: Serum or EDTA Plasma

Volume: 0.5 mL

Minimum Volume: 0.25 mL

Container: Serum Red-top (no gel), Plasma EDTA (lavender-top) or (royal blue-

top), Sodium or Lithium heparin (green-top)

Collection:

Red Top Serum:

1. Collect and label sample according to standard protocols.

- 2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
- 3. Allow blood to clot 30 minutes.
- 4. Centrifuge 10 minutes.
- 5. Aliquot serum into a labeled transport tube labeled as "Red Top Serum" and cap tightly.
- 6. Store transport tube refrigerated at 2-8°C until ready to ship.

EDTA Plasma:

- 1. Draw and gently invert 8 to 10 times.
- 2. Centrifuge immediately for 10 minutes at room temperature.
- 3. Pre-squeeze transfer pipet bulb and draw off approximately 2/3 of the upper plasma layer.

Note: This ensures that the buffy coat and red cells remain undisturbed.

- 4. Aliquot plasma into labeled transport tube labeled as "EDTA plasma" and cap tightly. Discard original tube.
- 5. Store transport tube refrigerated at 2-8°C until ready to ship.

Transport: Store serum or EDTA plasma at 2°C to 8°C after collection and ship the same day per packaging instructions provided with the Cleveland HeartLab shipping box.

Stability:

Ambient (15-25°C): 48 hours **Refrigerated (2-8°C):** 7 days

Frozen (-20°C): 2 years

Causes for Rejection: Gross hemolysis, Serum separator tube (SST)

Methodology: Chromatography/Mass Spectrometry

Turn Around Time: 3-7 days

Reference Range:

Clinical Significance: 17-hydroxyprogesterone is elevated in patients with congenital adrenal hyperplasia (CAH). CAH is a group of autosomal recessive diseases characterized by a deficiency of cortisol and an excess of ACTH concentration. 17-hydroxyprogesterone is also useful in monitoring cortisol replacement therapy and in evaluating infertility and adrenal and ovarian neoplasms.

The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.