

TEST CHANGE

Vitamin C (Ascorbic Acid), Plasma

0080380, VIT C

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Specimen Requirements:	
Patient Preparation:	
Collect:	Green (sodium or lithium heparin). Place specimen in ice bath immediately. Also acceptable: Plasma separator tube.
Specimen Preparation:	Protect from light, centrifuge, transfer plasma, and freeze within 1 hour of collection. Transfer 0.5 mL plasma to an ARUP amber transport tube. Amber Transport Tube. (Min: 0.3 mL)
Transport Temperature:	CRITICAL FROZEN AND LIGHT PROTECTED. Separate specimens must be submitted when multiple tests are ordered
Unacceptable Conditions:	EDTA plasma, whole blood, or body fluids. Grossly hemolyzed specimens.
Remarks:	Thawing and refreezing of the specimen and exposure to light will result in decreased $\underline{\mathbf{v}}$ itamin C concentration.
Stability:	After separation from cells: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: <u>1 month</u> 30 days
Methodology:	Quantitative High Performance Liquid Chromatography- Tandem Mass Spectrometry
Performed:	Sun _, Tue-Thu, Sat
Reported:	1-6 days
Note:	Fasting specimen preferred. Thawing and refreezing of the specimen and exposure to light will result in decreased vVitamin C concentration.
CPT Codes:	82180
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Vitamin C concentrations lower than 11 upmol/L indicate deficiency. Concentrations between 11 and 23 upmol/L are consistent with a moderate risk of deficiency due to inadequate tissue stores.	
Vitamin C concentration is reported as micromoles per liter ($\underline{u}_{\sharp\sharp}$ mol/L). To convert concentration to milligrams per deciliter (mg/dL), multiply the result by 0.0176.	

Effective Date: February 20, 2024



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This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

23-114 μmol/L