

TEST CHANGE

Intact Fibroblast Growth Factor 23 (FGF23), Serum

3003816, IFGF23

Specimen Requirements:

Patient Preparation:

Collect: Serum ~~separator tube~~ **Separator Tube** (SST). Also acceptable: Plain red.

Specimen Preparation: Transfer 0.5 mL serum to an ARUP ~~standard transport tube~~ **Standard Transport Tube**. (Min: 0.25 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Frozen. Also acceptable: Refrigerated.

Unacceptable Conditions:

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 3 months

Methodology: Quantitative Chemiluminescent Immunoassay **(CLIA)**

Performed: Varies

Reported: ~~6-11~~ **3-10** days

Note:

CPT Codes: 83520

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Reference Interval:

By Report