

PHOSPHATE
PLASMA

Orderable - PHO

Turn Around Time: 4 hours

STAT: 1 hour

Alternate Name(s):

Inorganic Phosphate
Inorganic Phosphorus, PO4

Specimen:

| Adult | Pediatric |
|-------------------------------------|---|
| 4.5 mL Green top Vacutainer tube | 0-2 years: 0.5 mL Green top Microtainer 2-10 years: 3 mL Green top tube |

Collection Information:

Collect blood aseptically in a Vacutainer tube.

Fasting sample preferred because levels tend to fall post prandially.

The minimum volume required for pediatric samples is 0.2 mL.

Reference Ranges:

| Age | Range |
|--------------------|-------------------|
| < 1 year | 01.30-2.60 mmol/L |
| 1 year - 4 years | 1.16-2.10 mmol/L |
| 4 years - 14 years | 1.10-1.90 mmol/L |
| > 14 years | 0.80-1.33 mmol/L |

Interpretive Comments:

Useful in the diagnosis and management of a variety of disorders including bone, parathyroid and renal disease. Phosphate levels alone are of limited diagnostic value and should be correlated with serum calcium levels.



Laboratory:
Core Lab



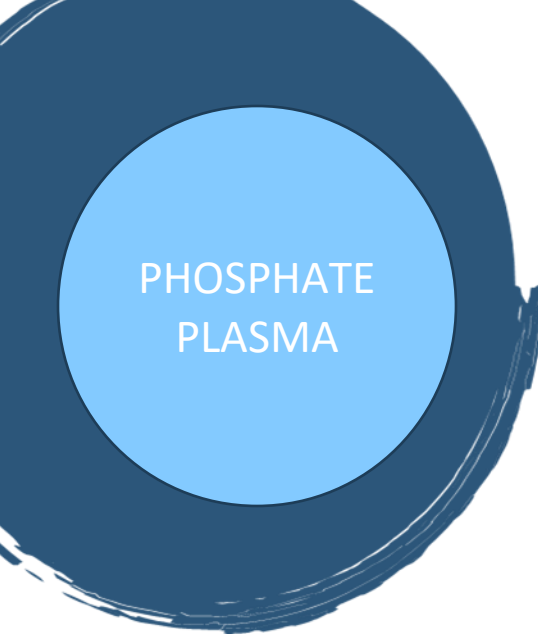
Requisition:
GENERAL LABORATORY
REQUISITION



Method of Analysis:
Endpoint photometric,
Ammonium Molybdate



Test Schedule:
As required



PHOSPHATE PLASMA

Serum phosphate concentrations are dependent on meals and hormone regulation (PTH, vitamin D).

Common causes of hypophosphatemia are: shift of phosphate from extracellular to intracellular, renal phosphate wasting, loss from the gastrointestinal tract, and loss from intracellular stores.

Hyperphosphatemia occurs in renal failure secondary to an inability of the kidneys to excrete phosphate. Other factors may relate to increased phosphate or vitamin D intake.

Comments:

Hemolysis may affect results.

In very rare cases gammopathy, in particular type IgM (Waldenstrom's macroglobulinemia) may cause unreliable results.