

## Phosphorus

### Acceptable Tube Types



<b>Alternate Name:</b>	PO4
<b>Performing Lab:</b>	New Hanover and Cape Fear
<b>Specimen Container:</b>	Yellow serum separator tube, green top tube (lithium heparin) or red top tube
<b>Minimum Volume Required:</b>	1.0 mL
<b>Testing Availability</b>	<b>Routine:</b> 24 hours/day <b>Stat:</b> Yes
<b>Turnaround Time:</b>	<b>Routine:</b> 4 hours <b>Stat:</b> < 1 hour
<b>Special Handling:</b>	None
<b>Patient Preparation:</b>	None
<b>Specimen Stability:</b>	
<b>Reference Range:</b>	2.5 – 4.9 mg/dL 0 – 2 months: 5.5 – 8.0 mg/dL
<b>Critical Value:</b>	< 1.5 mg/dL
<b>CPT Code:</b>	84100
<b>Testing Methodology:</b>	Colorimetric
<b>Causes for Specimen Rejection:</b>	Improper labeling Hemolysis
<b>Other Comments:</b>	
<b>Clinical Significance:</b>	Serum phosphorus (phosphate) levels alone are of limited diagnostic value and should be correlated with serum calcium levels. An increased phosphorus with decreased calcium suggests either hypoparathyroidism or renal disease. A decreased phosphorus and an increased calcium suggests hyperparathyroidism or sarcoidosis. When both calcium and phosphorus are decreased diagnostic considerations include malabsorption, vitamin d deficiency and renal tubular acidosis. Increased phosphorus and normal or increased

calcium suggests milk-alkali syndrome or hypervitaminosis D.