

## Overview

### Method Name

Liquid Chromatography Mass Spectrometry (LC/MS)

### NY State Available

Yes

## Specimen

### Specimen Type

Serum

### Specimen Required

#### Collection Container/Tube:

**Preferred:** Red top

**Acceptable:** Serum gel

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 0.5 mL

#### Collections Instructions:

1. Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable.
2. Centrifuge and aliquot 0.5 mL of serum into a plastic vial.
3. Send refrigerate.

### Specimen Minimum Volume

0.3 mL

### Reject Due To

Gross Hemolysis	Reject
Gross Lipemia	Reject
Gross Icterus	Reject
Received in glass tube	Reject

### Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	7 days	
	Frozen	60 days	

**Clinical & Interpretive**
**Reference Values**

Pediatric	Male (ng/mL)	Female (ng/mL)
<1 Year	14-142	17-185
1-1.9 Years	12-134	15-175
2-2.9 Years	12-135	16-179
3-3.9 Years	30-155	38-214
4-4.9 Years	28-181	34-238
5-5.9 Years	31-214	37-272
6-6.9 Years	38-253	45-316
7-7.9 Years	48-298	58-367
8-8.9 Years	62-347	76-424
9-9.9 Years	80-398	99-483
10-10.9 Years	100-449	125-541
11-11.9 Years	123-497	152-593
12-12.9 Years	146-541	178-636
13-13.9 Years	168-576	200-664
14-14.9 Years	187-599	214-673
15-15.9 Years	201-609	218-659
16-16.9 Years	209-602	208-619
17-17.9 Years	207-576	185-551

Adult	(ng/mL)
18-19.9 Years	108-548
20-24.9 Years	83-456
25-29.9 Years	63-373
30-39.9 Years	53-331
40-49.9 Years	52-328
50-59.9 Years	50-317
60-69.9 Years	41-279
70-79.9 Years	34-245
>80 Years	34-246

Z-Score (Male and Female): -2.0 - +2.0 SD

Pediatric Tanner Stages: See Laboratory Report

**Performance****PDF Report**

No

**Day(s) Performed**

Monday through Sunday

**Report Available**

4 to 8 days

**Performing Laboratory Location**

Quest Diagnostics Nichols Institute

**Fees & Codes****Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by FDA. The assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

**CPT Code Information**

84305

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FIGF1	IGF-1, LC/MS	Not Provided

Result ID	Test Result Name	Result LOINC® Value
Z6379	IGF-1, LCMS	2484-4
Z6380	Z-Score (Female)	73561-3
Z6381	Z-Score (Male)	73561-3