

## **CORTISOL, SALIVA**

### **#500011**

**NOTE:** The testing and reporting is equivalent to Rochester test Cortisol, Saliva (84225)

#### **USEFUL FOR:**

- Screening for Cushing's syndrome
- Diagnosis of Cushing's syndrome in patients presenting with symptoms or signs suggestive of the disease

**METHODOLOGY:** Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

#### **REFERENCE VALUES:**

7 a.m.-9 a.m.: 100-750 ng/dL

3 p.m.-5 p.m.: 20-400 ng/dL

11 p.m.-midnight: <100 ng/dL

#### **SPECIMEN REQUIREMENTS:**

1. Do not brush teeth before collecting specimen.
2. Do not eat or drink for 15 minutes prior to specimen collection.
3. Collect specimen between 11 p.m. and midnight. Record collection time.
4. Preferred collection container is a Sarstedt Salivette (Supply T154).
5. To use the Salivette:
  - A. Remove top cap of container to expose swab.
  - B. Place swab directly into mouth by tipping container so that the swab falls into mouth. Do not touch swab with fingers.
  - C. Keep swab in mouth for approximately 2 minutes. Roll swab in mouth, do not chew swab.
  - D. Place swab back into its container without touching, and replace the container's cap.
  - E. Record collection time, and send appropriately labeled Salivette to laboratory refrigerate.

**Note:** Reference values are also available for 8 a.m. (7 a.m. - 9 a.m.) and 4 p.m. (3 p.m. - 5 p.m.) collections, however, the 11 p.m.-midnight collection is preferred. For all collections, the collection time should be recorded on the request form. If multiple specimens are collected, submit each vial under a separate accession number.

#### **CAUTIONS:**

- Acute stress (including hospitalization and surgery), alcoholism, depression, and many drugs (e.g., exogenous glucocorticoids, anticonvulsants) can obliterate normal diurnal variation, affect response to suppression/stimulation tests, and cause elevated cortisol levels.

- Cortisol levels may be increased in pregnancy and with exogenous estrogens.
- Midnight salivary cortisol assay cannot diagnose hypocortisolism or Addison's disease because of the limited sensitivity of the assay method.

**LIST FEE:** \$ 176.90

**CPT CODE:** 82530

**ANALYTIC TIME:** 2 days

**DAY(S) SET UP:** Mon – Friday, Varies

**QUESTIONS:** Contact your Mayo Medical Laboratories' Regional Manager  
Mary Erath, Mayo Medical Laboratories' Technologist Support  
Telephone: 800-533-1710



# TEST DEFINITION

7/28/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE NAME

500011 CORTISOL, SALIVA

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
500011	6/12/2009		CORTISOL, SALIVA			NEL

TRANSPORT TEMP : REFRIG\FROZEN OK\AMBIENT OK

500011 CORTISOL, SALIVA

EXPECT RESULTS OF FORM : SHOULD BE 1 TO 4 NUMBERS WITH ONE OPTIONAL DECIMAL PLACE.

POSSIBLE RESULT VALUES INCLUDE : <10

UNITS: NG/DL

NO SEX

ALL AGES : ; #N500011

MALE

ALL AGES : ; #N500011

FEMALE

ALL AGES : ; #N500011

500032 AM CORTISOL

EXPECT RESULTS OF FORM : SHOULD BE 1 TO 4 NUMBERS WITH ONE OPTIONAL DECIMAL PLACE.

POSSIBLE RESULT VALUES INCLUDE : <10

UNITS: NG/DL

NO SEX

ALL AGES : 100-750 ; 100-750

MALE

ALL AGES : 100-750 ; 100-750

FEMALE

ALL AGES : 100-750 ; 100-750

500033 PM CORTISOL

EXPECT RESULTS OF FORM : SHOULD BE 1 TO 4 NUMBERS WITH ONE OPTIONAL DECIMAL PLACE.

POSSIBLE RESULT VALUES INCLUDE : <10

UNITS: NG/DL

MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
500011	(CONTINUED)					
		500033	PM CORTISOL (CONTINUED)			
			NO SEX			
			ALL AGES : 20-400		; 20-400	
			MALE			
			ALL AGES : 20-400		; 20-400	
			FEMALE			
			ALL AGES : 20-400		; 20-400	
			- - - - -			
		500034	MIDNIGHT CORTISOL			
			EXPECT RESULTS OF FORM : SHOULD BE 1 TO 4 NUMBERS WITH ONE OPTIONAL DECIMAL PLACE.			
			POSSIBLE RESULT VALUES INCLUDE : <10			
			UNITS: NG/DL			
			NO SEX			
			ALL AGES : -99		; <100	
			MALE			
			ALL AGES : -99		; <100	
			FEMALE			
			ALL AGES : -99		; <100	
			- - - - -			

\*PERFORMING SITE LEGEND

```

=====
NEL      MAYO MEDICAL LABORATORIES NEW ENGLAND      LAB DIRECTOR:  LYNN A. CHERYK, PH.D.
        160 DASCOMB ROAD
        ANDOVER, MA 01810
=====
    
```

MESSAGES USED AS NORMALS

MML CODE	TEXT
N500011	7:00-9:00 AM: 100-750
	3:00-5:00 PM: 20-400
	11:00 PM-MIDNIGHT: <100

TOTAL OF 1 NORMALS CODES

\*\*\* END OF REPORT \*\*\*



## LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TEST, NSAM		PATIENT NUMBER		AGE NOT GI	SEX	ACCESSION # G9129567
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # JAHTEST
COLLECTION 06/16/09 08:00 A	RECEIVED 06/16/09 11:41 A	REPORT PRINTED 07/28/09 09:21 A		SPECIMEN INFORMATION DATE OF BIRTH:		
<b>DATE</b>	<b>TIME</b>	<b>DATE</b>	<b>TIME</b>			
JAH Test Client Attn: Please throw away 200 1st Street SW Rochester, MN 55905-0001						

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
Cortisol, Saliva AM Cortisol	H	751	ng/dL 100-750	NEL

## \* PERFORMING SITE

NEL	Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.
-----	---	-------------------------------------

PATIENT NAME TEST, NSAM	ORDER STATUS Final	COLLECTION DATE AND TIME 06/16/09 08:00 A
----------------------------	-----------------------	--

Specimen receipt and report times are in CST/CDT

REPRINT

Page 1 of 1