

NEW TEST ANNOUNCEMENT

NOTIFICATION DATE: July 8, 2010 **EFFECTIVE DATE:** August 10, 2010

Inhibin B, Serum #88722

USEFUL FOR:

- As an aid in the diagnosis of granulosa cell tumors and mucinous epithelial ovarian tumors.
- Monitoring of patients with granulosa cell tumors and epithelial mucinous type tumors of the ovary known to over-express Inhibin B.
- As an adjunct to FSH during infertility evaluation.

METHODOLOGY: ELISA

REFERENCE VALUES:

Age Range	Females	Males
0-23 months	<111 pg/mL	<430 pg/mL
2-4 years	<44 pg/mL	<269 pg/mL
5-7 years	<27 pg/mL	<184 pg/mL
8-10 years	<67 pg/mL	<214 pg/mL
11-13 years	<120 pg/mL	<276 pg/mL
14-17 years	<136 pg/mL	<273 pg/mL
Adults		<399 pg/mL
Premenopausal Follicular	<139 pg/mL	
Premenopausal Luteal	<92 pg/mL	
Postmenopausal	<10 pg/mL	

SPECIMEN REQUIREMENTS: Draw blood in plain, red-top tube(s) or a serum gel tube(s). Send 0.4 mL of serum refrigerated.

NOTE: This test will replace Women and Infants test #91254, Inhibin B, Infertility effective August, 2010.

CPT CODE: 83520 ANALYTIC TIME: 1 day

LIST FEE: \$109.90 **SET UP**: Tuesday, 9:00 a.m.

QUESTIONS: Contact your Mayo Medical Laboratories' Regional Manager Jeremy Caddell, Mayo Medical Laboratories' Technical Support Telephone: 800-533-1710