TEST: TESTOSTERONE, TOTAL

PRINCIPLE:

Testosterone in males is secreted by adult Leydig cells and is controlled principally by luteinizing hormone (LH). The majority of serum testosterone is bound to sex hormone binding globulin (SHBG), but it also exists loosely bound to albumin and in the free state. An abnormally low total testosterone level in males can be indicative of hypogonadism, hypopituitarism, hyperprolactinemia, renal failure, hepatic cirrhosis, or Kleinfelter's syndrome. High total testosterone values in males can be caused by adrenal and testicular tumors, congenital adrenal hyperplasia or abnormalities of the hypothalamic-pituitary-testicular axis.

In females, testosterone is produced in the ovaries, adrenal glands, and peripheral fatty tissues and has a serum concentration that is approximately 10-fold less than in males. As with males, the majority of serum testosterone in females is bound to SHBG and albumin with a small amount in the free state. Increased female total testosterone levels may indicate polycystic ovary syndrome (PCOS), stromal hyperthecosis, ovarian and adrenal tumors, congenital adrenal hyperplasia and other disorders of the hypothalamic-pituitary-ovarian axis. Other clinical symptoms of testosterone excess in females include infertility, amenorrhea, obesity and hirsutism.

SPECIMEN REQUIREMENTS:

2ml serum collected in a red top tube with no additive or in a serum separator tube (gel barrier). Serum should be separated from the clot as soon as possible to avoid hemolysis. Store/transport sample at room temperature (15-30°C) for no longer than 8 hours or at 2-8°C for up 48 hours. If testing is further delayed, sera should be frozen at -20°C or lower. Avoid repeat freeze-thaw cycles.

METHOD: Enhanced Chemiluminescence

REFERENCES:


Normal Range:
Normal Males (age 18 - 66): 1.75 - 7.81 ng/mL
Normal Females (age 21-73): <0.1 - 0.75 ng/mL
These reference intervals are the central 95% of results of a study of 240 subjects.

Turnaround Time: 3 days