7880

Accredited to ISO 15189:2022

Magnesium

Synonyms	Mg
Clinical Indication	Investigation of low potassium levels, bone abnormalities, patients with D&V or fluid abnormalities. Disorders of suspected magnesium depletion such as refeeding, treatment of DKA, malabsorption, renal replacement therapy and hyperparathyroidism. Suspected magnesium excess including renal failure, tumour lysis syndrome and monitoring of magnesium replacement therapy.
Part of Profile / See Also	
Request Form	Combined Pathology manual Blood form or ICE request
Availability / Frequency of Analysis	On request
Turnaround Time	2 hours
Patient Preparation	None required
Sample Requirements	
Specimen Type	Serum and plasma
Volume	2 ml
Acceptable Containers	 Yellow top (SST) tube  Green top (lithium-heparin) tube  paediatric orange top (lithium-heparin)  paediatric green top (lithium-heparin) Plain serum samples may also be used.
Reference Range & Units	<30 days old = 0.6 -1.0 mmol/L >30 days = 0.7-1.0 mmol/L
Interferences	Haemolysed samples should not be used as erythrocytes contain higher concentrations of magnesium than serum. Serum should be separated from the clot or red blood cells as soon as possible to prevent an increase in

magnesium concentrations due to leakage from the red cells.

Interpretation & Clinical Decision Value (if applicable)	Critical Difference 16% Critical phoning limit <0.4 mmol/L >4.0 mmol/L (only in obs & gynae or during pregnancy)
References	Beckman kit insert Pathology Harmony Group, Clinical Biochemistry Outcomes, January 2011 (www. pathologyharmony.co.uk)
Test code	MG
Lab Handling	Analysed from primary tube and stored at 4°C. Serum and plasma stable for 7 days at 4°C.