



Phosphate

Synonyms

Pi, P04

Clinical Indication

Follow up of chronic kidney disease, some patients with bone disease; management of patients on TPN.

Part of Profile / See Also

Request Form

Combined Pathology manual Blood form or ICE request

Availability / Frequency of Analysis

On request

Turnaround Time

Same day

Patient Preparation

Ideally patient should be fasting.

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

Age	Phosphate mmol/L
Neonate (< 4 weeks)	1.30 - 2.60
Infant	1.30 - 2.40
1 - 16 years	0.90 - 1.80
Adult	0.80 - 1.50

 Reference: Pathology Harmony Group, Clinical Biochemistry Outcomes, January 2011 (www.pathologyharmony.co.uk)

Interferences

Haemolysis or a prolonged delay in separation of serum from red cells can cause an artefactual increase in phosphate concentration.

Interpretation & Clinical

Decision Value (if applicable)

Critical Difference 27%

References

Beckman kit insert

Test code

PHOS

Lab Handling

Analysed from primary tube and stored at 4°C.

Sample should be separated within 8hours.

Serum and plasma samples stable for 4 days at 2-8°C.

Serum and plasma samples stable for 24 hours at 15-25°C.