ACTH

Synonyms	Adrenocorticotrophin
Clinical Indication	Establishing the aetiology of **proven** Cushing's syndrome or differentiation between primary and secondary adrenal insufficiency (sample taken at 9.00 hrs). ACTH levels are not useful in monitoring steroid replacement therapy. Simultaneous cortisol measurement is required to enable interpretation of results. Requested by Consultant Endocrinologists or if agreed with Consultant Biochemist for investigation of proven Cushing's or adrenal insufficiency.
Part of Profile / See Also	
Request Form	Combined Pathology manual blood form or ICE request
Availability / Frequency of Analysis	Referred test: Analysed by Biochemistry, Barts Health & Royal London Hospital (8285) if specific criteria met.
Turnaround Time	2 weeks
Patient Preparation	Samples should ideally be taken between 09.00 and 10.00 hrs and be transported immediately to the laboratory. Patient must attend Basildon or Southend phlebotomy departments.
Sample Requirements	
Specimen Type	EDTA Plasma
Volume	2 ml
Container	 Pink top (EDTA) Or  Red top (EDTA) tube for paediatrics. Or  Pink top (EDTA) tube for paediatrics. **Samples must be transported to the laboratory immediately.**
Reference Range & Units	09.00 hrs sample: Less than 50 ng/L 24:00 hrs sample: Less than 10 ng/L Ranges applicable from 6 weeks of age.
Interferences	
Interpretation & Clinical Decision Value (if applicable)	Provided by the referral laboratory if sufficient clinical details are given and a cortisol result is provided.
References	Bart's Health User Handbook – Clinical Biochemistry

Test code	ACTH
Lab Handling	Processing: Must be processed at the ESL. Centrifuge and aliquot at least 500ul immediately into 2 tubes and freeze at -20°C. Ensure sample type is written on both aliquots. One sample is sent and the other retained in storage. Samples are couriered at -20C twice a week by Global courier.

UKAS MEDICAL
8285

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