

PROG

Acceptable Tube Type



Alternate Name:	Progesterone
Performing Lab:	New Hanover
Specimen Container:	Yellow serum separator tube, green top tube (lithium heparin), or a red top tube.
Minimum Volume Required:	1.0 mL
Testing Availability	Routine: 24 hours/day Stat: Yes
Turnaround Time:	Routine: 4 hours Stat: <1 hour
Special Handling:	None
Patient Preparation:	None
Specimen Stability:	24 hours at room temp, 3 days at 2-8C, or 120 days frozen.

Reference Range:

Normally Menstruating Females:

Follicular phase	0.210 – 1.70 ng/mL
Luteal phase	2.25 – 24.2 ng/mL
Mid-Luteal	8.76 – 21.6 ng/mL

Post-Menopausal: <0.200 – 0.901 ng/mL

Pregnant Females:

First Trimester	11.4 – 41.0 ng/mL
Second Trimester	13.8 – 156 ng/mL
Third Trimester	51.4 – 7200 ng/mL

Males: <0.200 – 1.97 ng/mL

Critical Value:	None
CPT Code:	84164
Testing Methodology:	Homogeneous, sandwich chemiluminescent immunoassay based on LOCI technology.
Causes for Specimen Rejection:	Improper labeling
Other Comments:	
Clinical Significance:	<p>Progesterone is a steroid hormone synthesized from cholesterol mostly in the ovary and placenta of females and in small amounts in the adrenal cortex of both sexes. Progesterone and estradiol are responsible for preparing the uterine endometrium for implantation of a fertilized egg and maintaining a fetus throughout pregnancy. Progesterone also affects a wide range of other tissues such as the brain and immune system.</p> <p>Progesterone levels are used to detect luteal phase defects leading to infertility and early loss of pregnancy.</p> <p>Decreased progesterone levels are seen in ovarian (primary) hypofunction in pre-menopausal and menopausal females. Lesions in the hypothalamic-pituitary axis (secondary gonadal hypofunction) also can cause low progesterone in both sexes. Progesterone levels are normally low in males. Elevated progesterone levels are seen in the second half of the menstrual cycle and during pregnancy.</p>