

Patient Information	Specimen Information	Client Information
<p>[REDACTED]</p> <p>[REDACTED]</p> <p>Gender: M</p> <p>[REDACTED]</p>	<p>Specimen: OZ803239C</p> <p>Requisition: 0001451</p> <p>Lab Ref #: 100535660</p> <p>Collected: 09/06/2023 / 07:32 PDT</p> <p>Received: 09/07/2023 / 02:44 PDT</p> <p>Reported: 09/08/2023 / 15:32 PDT</p>	<p>Client #: 97555208 MAIL992</p> <p>CRITES-BACHERT, MELANIE</p> <p>WALK-IN LAB</p> <p>PO BOX 898</p> <p>AMITE, LA 70422-0898</p>

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
GROWTH HORMONE (GH)	4.3		< OR = 7.1 ng/mL	EN

Because of a pulsatile secretion pattern, random (unstimulated) growth hormone (GH) levels are frequently undetectable in normal children and adults and are not reliable for diagnosing GH deficiency. Regarding suppression tests, failure to suppress GH is diagnostic of acromegaly.

Typical GH response in healthy subjects:

Using the glucose tolerance (GH suppression) test, acromegaly is ruled out if the patient's GH level is <1.0 ng/mL at any point in the timed sequence.

[Katznelson L, Laws Jr ER, Melmed S, et al. Acromegaly: an Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab 2014; 99: 3933-3951].

Using GH stimulation testing, the following result at any point in the timed sequence makes GH deficiency unlikely:

Adults (> or = 20 years):

- Insulin Hypoglycemia > or = 5.1 ng/mL
- Arginine/GHRH > or = 4.1 ng/mL
- Glucagon > or = 3.0 ng/mL

Children (< 20 years):

- All Stimulation Tests > or = 10.0 ng/mL

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: TAB TOOCHINDA, MD, CLIA: 05D0642827