LABORATORY REPORT

Patient Name	:		
DOB/Age/Gender	:	Bill Date	:
Patient ID / UHID	:	Sample Collected	:
Referred By	:	Sample Received	:
Sample Type	:	Report Date	:
Barcode No	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY REPORT			
Growth Hormone (GH)			
Growth Hormone (HGH) Method : ECLIA	1.04	ng/mL	0.120 - 7.79

Interpretation:

Note:

Secretion of Growth hormone is episodic, pulsatile and transient levels have been observed in healthy subjects. A single growth hormone measurement cannot distinguish normal fluctuation from low / high concentrations seen in disease states. Growth hormone measurements are best determined as part of dynamic testing using provocative stimuli to stimulate or suppress growth hormone release.

Basal levels of hGH do not have a diagnostic relevance and stimulation tests are needed to assess a growth hormone disorder.

Stimulation or suppression tests in the diagnosis of growth hormone disorders The diagnosis of human growth hormone (hGH) deficiency or excess is based on clinical-auxological criteria and NMR imaging of the pituitary gland. It is confirmed by a determination of hGH concentration in serum via stimulation or suppression tests (i.e. a combination of arginine and GHRH, clonidine or insulin). For a correct assessment basal hGH levels and levels after stimulation or suppression should be measured. Cutoff levels for the diagnosis of hGH deficiency vary depending on the type of stimulation test and are influenced by the body mass index (BMI).

Clinical Use

· Assess pituitary growth hormone disorders

Increased Levels

· Gigantism
· Acromegaly
· Selected pituitary tumors
· Some cases of pregnancy
· Laron dwarfism (GH resistance)

Decreased Levels

· Pituitary GH deficiency
· Hypopituitarism, congenital or acquired GH secretory dysfunction

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Booking Centre :- V G Collection Centre, .
Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301

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