

## PROLA

### Acceptable Tube Type



<b>Alternate Name:</b>	Prolactin
<b>Performing Lab:</b>	New Hanover
<b>Specimen Container:</b>	Yellow serum separator tube, green top tube (lithium heparin), or a red top tube.
<b>Minimum Volume Required:</b>	1.0 mL
<b>Testing Availability</b>	<b>Routine:</b> 24 hours/day <b>Stat:</b> Yes
<b>Turnaround Time:</b>	Routine: 4 hours Stat: <1 hour
<b>Special Handling:</b>	None
<b>Patient Preparation:</b>	None
<b>Specimen Stability:</b>	24 hours at room temp, 7 days at 2-8C, or 14 days frozen.
<b>Reference Range:</b>	
<b>Females:</b>	
<b>Non-pregnant:</b>	2.2 – 30.3 mIU/mL
<b>Pregnant:</b>	8.1 – 347.6 mIU/mL
<b>Post-menopausal</b>	0.7 – 31.7 mIU/mL
<b>Males:</b>	2.5 – 17.4 mIU/mL
<b>Critical Value:</b>	None
<b>CPT Code:</b>	84146
<b>Testing Methodology:</b>	Homogeneous, sandwich chemiluminescent immunoassay based on LOCI technology.
<b>Causes for Specimen Rejection:</b>	Improper labeling
<b>Other Comments:</b>	
<b>Clinical Significance:</b>	Women are reported to have slightly higher levels than men. Levels rise at puberty and fall at menopause. Prolactin levels increase 10-20 fold during pregnancy and through post-

partum lactation. Levels return to baseline several weeks after delivery or when nursing ceases.

Persistent elevations of prolactin are generally caused by disorders of the pituitary. Such disorders can result in a decrease or cessation of menstruation in females and infertility, milk production, and decreased libido in both sexes.