

Parathyroid Hormone (PTH) (PTH)

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TEST OVERVIEW

Test Name	Parathyroid Hormone (PTH)
Test Code	PTH
Short Description	PTH

OVERVIEW

Test Name	Parathyroid Hormone (PTH)
Test Code	PTH
Category	Immunoassay
TAT	Main Lab: 6, 24 Hour(s), Day(s) Family Site: <8hrs, <6hrs, 1 Day
Specimen(s)	1 x Venous blood - 5 mL Tube - Lavender - EDTA Whole Blood 1 x - - 5 mL Tube - Lavender - EDTA Plasma

SPECIMEN(S)

EDTA Whole Blood

Specimen Type	EDTA Whole Blood
Specimen Format	Tube
Specimen Colour	Lavender
Specimen Volume	5 mL
Sampling Order	4
Origin	Venous blood
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Lithium Heparin Plasma Sodium Heparin Plasma

	Serum SST-Serum Separator Tube EDTA Plasma
TAT	Main Lab: 6, 24 Hour(s), Day(s) Family Site: <8hrs, <6hrs, 1 Day
Test Stability	Room Temp: 8 Hour(s) 2–8°C: 2 Day(s)

EDTA Plasma

Specimen Type	EDTA Plasma
Specimen Format	Tube
Specimen Colour	Lavender
Specimen Volume	5 mL
Sampling Order	4
Origin	-
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Lithium Heparin Plasma Sodium Heparin Plasma Serum SST-Serum Separator Tube EDTA Plasma
TAT	Main Lab: 6, 24 Hour(s), Day(s) Family Site: <8hrs, <6hrs, 1 Day
Test Stability	Room Temp: 8 Hour(s) 2–8°C: 2 Day(s)

CLINICAL INFORMATION

Parathyroid Hormone (PTH)

Methodology	-
Specimen Type	EDTA Whole Blood EDTA Plasma
Delay before pre-treatment	8
Transport Temperature	15-25°C
Transport Stability at room temp	8 Hours
Transport Stability at 2–8°C	2 Day
Haemolysis interference	No

Clinical Interest

Parathyroid hormone (PTH) is produced by the parathyroid gland.

The main role of PTH is to regulate calcium levels in the blood through a combined effect on three main organs: the bones, the intestinal mucosa and the kidneys.
Its action on intestinal calcium is indirect and results from the renal production of the vitamin D metabolite active in the intestine, 1,25-dihydroxyvitamin D.

In the kidney, PTH stimulates calcium reabsorption and inhibits phosphate reabsorption in the renal tubules.
Finally, PTH promotes osteoclastic bone resorption and the release of calcium and phosphate from the bone.

In hypercalcaemia due to primary hyperparathyroidism or ectopic PTH secretion (pseudohypoparathyroidism), most patients have elevated PTH levels.

On the other hand, in the case of hypercalcaemia due to malignancy or other causes, the concentration of PTH in the circulation is generally low, below or close to the lower limit of the reference values.

Secondary hyperparathyroidism is a compensatory hyperfunction of the parathyroid glands caused by hypocalcaemia or peripheral resistance to PTH. It is generally caused by renal failure. Chronic overproduction of PTH in renal failure increases the risk of bone disease (renal osteodystrophy).

Periodic measurement of serum calcium, phosphorus and PTH levels is recommended in all patients with chronic renal disease.

Hypoparathyroidism is an uncommon congenital or acquired condition in which PTH secretion is deficient or absent.

In most cases, hypoparathyroidism follows parathyroidectomy or thyroidectomy. Pseudohypoparathyroidism is a rare condition.

PATIENT INFORMATION

Clinical Information Required -

Patient Collection Notes -

COMMENTS & NOTES

LOINC Code 31-8, 2731-8

Outwork