Progesterone

The following tests are available:

- **Progesterone in serum**

General:

Progesterone is part of the hypothalamic-hypophyseal-ovarial feedback system. During luteinization, the follicular granulosa cells are activated by LH and produce progesterone. Progesterone has the effect that the proliferating endometrium transforms into a secretory endometrium with rise of the basal body temperature.

Indication:	assessment of corpus luteum function, ovulation detection, course evaluation in infertility therapy, anovulatory cycles, oligomenorrhea, progesterone defect, recurrent abortion, threatening abortion.
Material:	1 ml serum
Stability:	5 days at 2 to 8°C
TAT:	same day, FML
Method:	ECLIA
Units:	ng/ml
Ref.- range:	see report
Note:	If the patient is taking multivitamins or dietary supplements containing high dose of Biotin (> 5 mg), the patient should stop taking it for at least 24 hours , before having the blood collection.

- **17-Hydroxy progesterone**

General:

Hydroxy progesterone is synthesized directly from progesterone or indirectly from 17-OH pregnenolone. As intermediate product of the glucocorticoid and sexual hormone production, hydroxyprogesterone is accumulated in deficiency of secondary enzymes (hydroxylases). In most cases the 21- hydroxylase is affected (congenital adrenogenital syndrome). Increased 17- hydroxy progesterone levels result in increased formation of androgens (DHEA and DHEAS). see also **Newborn screening**

Indication:	Suspicion of adrenogenital syndrome (AGS), neonatal screening.
Material:	1 ml serum
Stability:	2 weeks at 2 to 8°C
Preanalytics:	1 ml of serum, dry blood on filter paper (for neonatal screening)
TAT:	7-10 days*
Method:	FIA
Units:	ng/ml
Ref.- range:	see report

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit http://www.fml-dubai.com/parameter-listings/