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# Hepatocyte growth factor (HGF) serum
Test Code: 30142

## Clinical and Procedure

### Clinical Utility
For the quantitative measurement of Hepatocyte growth factor (HGF). HGF is a potent mitogen for hepatocytes, leading to organ regeneration and wound healing. HGF levels have been shown to be elevated in various liver diseases, reflecting liver damage and dysfunction.

### Procedure
The assay for quantification of HGF is a sandwich ELISA performed in a microtiter plate format. Conversion of a chromogenic substrate produces a color, the intensity of which is proportional to the concentration of HGF in the sample material. A standard curve is used to calculate the concentration of HGF in each of the test samples. This test has not been cleared or approved for diagnostic use by the U.S. Food and Drug Administration.

## Turnaround Time
3 business days from receipt of specimen

## Specimen Information

| Specimen Type | Order Code | CPT Code | NY Approved | Volume | Assay Range |
|---|---|---|---|---|---|
| serum | 30142 | 83520 | Yes | 1 mL | 0.6 - 24 ng/mL |

Special Instructions
- Whole blood should be collected in serum tube.
- Allow to clot for 30 to 60 minutes and centrifuged to isolate the serum.
- 1 mL of plasma sample should be removed to a sterile tube and frozen immediately (-70°C).

The result is reported in ng/mL. The assay range is approximately 0.6 to 24 ng/mL. The reference range for a healthy population is less than 1.0 ng/mL. However it should be noted that these ranges are obtained from a limited population of apparently healthy adults and are not diagnostic thresholds.

### Shipping
Ship Monday through Friday. Friday shipments must be labeled for Saturday delivery. All specimens must be labeled with patient's name and collection date. A Viracor Eurofins test requisition form must accompany each specimen. Multiple tests can be run on one specimen. Ship specimens FedEx Priority Overnight® to: Viracor Eurofins, 1001 NW Technology Dr, Lee's Summit, MO 64086.

### Causes for Rejection
Invalid specimen type, inadequate volume, gross hemolysis or gross lipemia, sample not frozen upon receipt.

## Disclaimer
Specimens are approved for testing in New York only when indicated in the Specimen Information field above.

The CPT codes provided are based on Viracor Eurofins' interpretation of the American Medical Association's Current Procedural Terminology (CPT) codes and are provided for general informational purposes only. CPT coding is the sole responsibility of the billing party. Questions regarding coding should be addressed to your local Medicare carrier. Viracor Eurofins assumes no responsibility for billing errors due to reliance on the CPT codes illustrated in this material.

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