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**Lab Dept:** Chemistry

**Test Name:** ESTRADIOL

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***General Information***

**Lab Order Codes:** EEST

**Synonyms:** N/A

**CPT Codes:** 82670 – Estradiol

**Test Includes:** Estradiol level reported in pg/mL.

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***Logistics***

**Test indications:**

- Evaluation of hypogonadism and olig-ameorrhoea in females.
- Assessing ovarian status, including follicle development, for assisted reproduction protocols (e.g., in vitro fertilization).
- In conjunction with luteinizing hormone measurements, monitoring of estrogen replacement therapy in hypogonadal premenopausal women.
- Evaluation of feminization, including gynecomastia, in males
- Diagnosis of estrogen-producing neoplasms in males and females
- As part of the diagnosis and workup of suspected disorders of sex steroid metabolism (e.g., aromatase deficiency and 17 alpha-hydroxylase deficiency)
- As an adjunct to clinical assessment, imaging studies and bone mineral density measurement in the fracture risk assessment of postmenopausal women
- Monitoring antiestrogen therapy (e.g., aromatase inhibitor therapy)

**Lab Testing Sections:** Chemistry - Sendouts

**Referred to:** Mayo Clinic Laboratories – (Mayo Test: EEST)

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 2-6 days

**Special Instructions:** N/A

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***Specimen***

**Specimen Type:** Blood

**Container:** Red NO GEL tube

**Draw Volume:** 3.6 mL (Minimum: 2.1 mL) blood

**Processed Volume:** 1.2 mL (Minimum: 0.7 mL) serum

**Collection:** Routine blood collection

**Special Processing:** Lab Staff: Centrifuge specimen within 2 hours of collection, remove serum aliquot into a plastic screw-capped vial. Store and ship refrigerated.  
Specimen stable for 28 days refrigerated (preferred), frozen or ambient.

**Patient Preparation:** N/A

**Sample Rejection:** Specimens collected in gel tubes; mislabeled or unlabeled specimens

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***Interpretive***

**Reference Range:**

Children 1-14 days: Estradiol levels in newborns are very elevated at birth but fall to prepubertal levels within a few days.		
<b>Males</b>		
<b>Tanner Stage</b>	<b>Mean Age</b>	<b>Reference Range (pg/mL)</b>
Stage I (>14 days and prepubertal)	7.1 years	Undetectable - 13
Stage II	12.1 years	Undetectable - 16
Stage III	13.6 years	Undetectable - 26
Stage IV	15.1 years	Undetectable - 38
Stage V	18 years	10 - 40
Adults:		10 - 40
<b>Females</b>		
<b>Tanner Stage</b>	<b>Mean Age</b>	<b>Reference Range (pg/mL)</b>
Stage I (>14 days and prepubertal)	7.1 years	Undetectable - 20
Stage II	10.5 years	Undetectable - 24

Stage III	11.6 years	Undetectable - 60
Stage IV	12.3 years	15 - 85
Stage V	14.5 years	15 – 350 E2 levels vary widely through the menstrual cycle
Adult	Premenopausal	15 – 350 E2 levels vary widely through the menstrual cycle
	Postmenopausal	<10

**Critical Values:** N/A

**Limitations:** Fulvestrant is a member of a new class of drugs call “selective estrogen receptor degraders (SERDS). Fulvestrant has modest cross-reactivity (1-5%) in estradiol immunoassays, but because the peak dose levels of this drug are between 10-fold (reproductive age women) and greater than 200-fold (postmenopausal women) higher than the naturally circulating estradiol concentrations in the treated women, this causes dramatically false-high estradiol results in immunoassays, when blood sampling occurs in close temporal proximity of dosing.

By contrast, estradiol measurements by mass spectrometry display greater than 1000-fold lower cross reactivity (<0.001%), meaning that the impact of Fulvestrant on serum estradiol measurements by mass spectrometry is negligible, even if blood sampling occurs at peak dose.

**Methodology:** Liquid Chromatography-Tandem Mass Spectrometry (LC-MS/MS)

**References:** [Mayo Clinic Laboratory](#) December 2024

**Updates:**  
 12/27/2024: Added specimen stability, edited minimum volumes and turnaround time.  
 1/20/2025: Added recommendation to centrifuge specimen within two hours of collection.