
Lab Dept: Chemistry

Test Name: DHEA

General Information

Lab Order Codes: DHEA

Synonyms: Dehydroepiandrosterone

CPT Codes: 82626 – Dehydroepiandrosterone (DHEA)

Test Includes: DHEA level reported in ng/mL.

Logistics

Test Indications: Diagnosing and differential diagnosis of hyperandrogenism (in conjunction with measurements of other sex steroids). As an initial screen in adults with bioavailable testosterone measurement. Depending on results, this may be supplemented with measurements of sex-hormone binding globulin and occasionally other androgenic steroids (eg, 17-hydroxyprogesterone). As adjunct in the diagnosis of congenital adrenal hyperplasia (CAH); DHEA/DHEAS measurements play a secondary role to the measurements of cortisol/cortisone, 17 alpha-hydroxyprogesterone, and androstenedione.

Lab Testing Sections: Chemistry - Sendouts

Referred to: Mayo Clinic Laboratories (Mayo test: DHEA_)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 2 - 6 days, test set up Monday - Thursday

Special Instructions: N/A

Specimen

Specimen Type: Blood

Container: Red NO GEL

Draw Volume: 3.0 mL (Minimum: 1.5 mL) blood

Processed Volume:	1.0 mL (Minimum: 0.5 mL) serum
Collection:	Routine blood collection
Special Processing:	Lab Staff: Centrifuge specimen. Remove serum aliquot into a screw-capped round bottom plastic vial. Store and ship at frozen temperatures. Forward promptly.
Patient Preparation:	None
Sample Rejection:	Gross hemolysis; gross lipemia; collection in gel tube; mislabeled or unlabeled specimen

Interpretive

Reference Range:

Premature Infants: <40 ng/mL	
Age (Male & Female):	Range (ng/mL):
0 – 1 day:	<11 ng/mL
2 – 6 days:	<8.7 ng/mL
7 days – 1 month:	<5.8 ng/mL
>1-23 months:	<2.9 ng/mL
2 – 5 years:	<2.3 ng/mL
6 – 10 years:	<3.4 ng/mL
11 – 14 years:	<5.0 ng/mL
15 – 18 years:	<6.6 ng/mL
19– 30 years:	<13 ng/mL
31 – 40 years:	<10 ng/mL
41 – 50 years:	<8.0 ng/mL
51 – 60 years:	<6.0 ng/mL
>= 61 years:	<5.0 ng/mL

Critical Values: N/A

Limitations:

Currently the correlation of serum dehydro-epiandrosterone (DHEA)/dehydro-epiandrosterone sulfate (DHEAS) level with human well-being or disease risk factors have not been completely established.

There are currently no established guidelines for DHEA/DHEAS replacement/supplementation therapy or its biochemical monitoring. In most settings, the value of DHEA/DHEAS therapy is doubtful. However, if DHEAS therapy is used, then it seems prudent to avoid over-treatment, with its associated hyperandrogenic effects. These are particularly likely to occur in postmenopausal females if DHEA/DHEAS levels approach or exceed the upper reference range. Most supplements contain DHEA, but the in vivo conversion to DHEAS allows monitoring of either DHEA or DHEAS.

Methodology:

Liquid Chromatography-Tandem Mass Spectrometry (LS-MS/MS)
Portions of this test are covered by patents held by Quest Diagnostics.

References:

[Mayo Clinic Laboratories](#) (August 2021)

Updates:

6/17/13: Updated reference ranges and method
8/16/2021: Moved from Esoterix to Mayo.