Clinical Use
• Diagnose gonadal function disorders

Reference Range

<table>
<thead>
<tr>
<th>IU/L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>Follicular phase</td>
</tr>
<tr>
<td>Midcycle</td>
</tr>
<tr>
<td>Luteal phase</td>
</tr>
<tr>
<td>Postmenopausal</td>
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</tbody>
</table>

Pediatric
Use test code 36087X

Interpretive Information
• Primary hypogonadism
• Gonadotropin-secreting pituitary tumors
• Menopause
• Hypothalamic GnRH deficiency
• Pituitary FSH deficiency
• Ectopic steroid hormone production

Clinical Background
Follicle stimulating hormone (FSH, follitropin) is a glycoprotein produced by the anterior pituitary gland. Production is regulated by hypothalamic gonadotropin releasing hormone (GnRH) and feedback from gonadal steroid hormones. In the female, FSH stimulates follicular growth, prepares ovarian follicles for luteinizing hormone (LH) activity, and enhances the LH-induced release of estrogen. After menopause, decreased ovarian estradiol secretion results in increased FSH and LH levels. In the male, FSH stimulates seminiferous tubule and testicular growth and is involved in the early stages of spermatogenesis. Primary testicular failure results in increased FSH and LH levels.

In patients with testicular or ovarian disorders, low levels of serum FSH are indicative of pituitary or hypothalamic dysfunction. Assays for both FSH and LH are useful in the diagnosis, management, and treatment of infertility in both genders.

Method
• Immunochemiluminometric assay (ICMA), Centaur
• Analytical sensitivity: 0.07 IU/L

Specimen Requirements
1 mL refrigerated serum
0.5 mL minimum

No additive red top preferred
SST red top acceptable