

Overview

Useful For

Monitoring manganese exposure in 24 hour urine collections

Nutritional monitoring

Special Instructions

- [Urine Preservatives-Collection and Transportation for 24-Hour Urine Specimens](#)
- [Trace Metals Analysis Specimen Collection and Transport](#)

Method Name

Dynamic Reaction Cell-Inductively Coupled Plasma-Mass Spectrometry (DRC-ICP-MS)

NY State Available

Yes

Specimen

Specimen Type

Urine

Necessary Information

24-Hour volume is required.

Specimen Required

Patient Preparation: High concentrations of gadolinium and iodine are known to interfere with most metals tests. If gadolinium- or iodine-containing contrast media has been administered, a specimen should not be collected for 96 hours.

Supplies: Urine Tubes, 10 mL (T068)

Collection Container/Tube: Clean, plastic urine container with no metal cap or glued insert

Submission Container/Tube: Plastic, 10-mL urine tube or clean, plastic aliquot container with no metal cap or glued insert

Specimen Volume: 10 mL

Collection Instructions:

1. Collect urine for 24 hours.
2. Refrigerate specimen within 4 hours of completion of 24-hour collection.
3. See [Trace Metals Analysis Specimen Collection and Transport](#) in Special Instructions for complete instructions.

Additional Information: See [Urine Preservatives-Collection and Transportation for 24-Hour Urine Specimens](#) in Special Instructions for multiple collections.

Urine Preservative Collection Options

Note: The addition of preservative or application of temperature controls **must occur within 4 hours of completion** of the collection.

| | |
|----------------------|-----------|
| Ambient | OK |
| Refrigerate | Preferred |
| Frozen | OK |
| 50% Acetic Acid | No |
| Boric Acid | No |
| Diazolidinyl Urea | No |
| 6M Hydrochloric Acid | No |
| 6M Nitric Acid | No |
| Sodium Carbonate | No |
| Thymol | No |
| Toluene | No |

Specimen Minimum Volume

0.4 mL

Reject Due To

All specimens will be evaluated at Mayo Clinic Laboratories for test suitability.

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| Urine | Refrigerated (preferred) | 28 days | |
| | Frozen | 28 days | |
| | Ambient | 7 days | |

Clinical and Interpretive

Clinical Information

Manganese (Mn) is a trace essential element with many industrial uses. Mining and iron and steel production have been implicated as occupational sources of exposure. It is principally used in steel production to improve hardness, stiffness, and strength. Mn is a normal constituent of air, soil, water, and food. The primary non-occupational source of exposure is by eating food or Mn-containing nutritional supplements. Vegetarians who consume foods rich in Mn such as grains, beans, and nuts, as well as, heavy tea drinkers may have a higher intake than the average person. People who smoke tobacco or inhale second-hand smoke are also exposed to Mn at higher levels than non-smokers.

Inhalation is the primary source of entry for Mn, but is also partially absorbed (3%-5%) through the gastrointestinal tract. Only very small amounts of Mn are absorbed dermally. Signs of toxicity may appear quickly, and neurological symptoms are rarely reversible. Mn toxicity is generally recognized to progress through 3 stages. Levy describes these stages. "The first stage is a prodrome of malaise, somnolence, apathy, emotional lability, sexual dysfunction, weakness, lethargy, anorexia, and headaches. If there is continued exposure, progression to a second stage may occur, with psychological disturbances, including impaired memory and judgement, anxiety, and sometimes psychotic manifestations such as hallucinations. The third stage consists of progressive bradykinesia, dysarthria, axial and extremity dystonia, paresis, gait disturbances, cogwheel rigidity, intention tremor, impaired coordination, and a mask-like face. Many of those affected may be permanently and completely disabled."⁽¹⁾ Mn is removed from the blood by the liver where it's conjugated with bile and excreted.

As listed in the United States National Agriculture Library, Mn adequate intake is 1.6 to 2.3 mg/day for adults. This level of intake is easily achieved without supplementation by a diverse diet including fruits and vegetables, which have higher amounts of manganese than other food types. Patients on a long-term parenteral nutrition should receive manganese supplementation and should be monitored to ensure that circulatory levels of manganese are appropriate.

Reference Values

<4.0 mcg/specimen

Reference values have not been established for patients that are <18 years of age.

Interpretation

Manganese (Mn) in urine represents the excretion of excess Mn from the body. Elevated levels may indicate occupational exposure or excessive nutritional intake.

Specimens from normal individuals have very low levels of Mn.

Cautions

Normal specimens have extremely low levels of Mn; therefore, elevated results could easily be a result of external contamination. Precautions must be taken to ensure the specimen is not contaminated. Metal-free urine collection procedures must be followed.

High concentrations of gadolinium and iodine are known to interfere with most metals tests. If either gadolinium- or iodine-containing contrast media has been administered, a specimen should not be collected for 96 hours.

Clinical Reference

1. Levy BS, Nassetta WJ: Neurologic effects of manganese in humans: A review. *Int J Occup Environ Health* Apr/Jun 2003;9(2):153-163

2. Paschal DC, Ting BG, Morrow JC, et al: Trace metals in urine of United States residents: Reference range concentrations. *Environ Res* 1998 Jan;76(1):53-59

Performance

Method Description

This assay is performed on an inductively coupled plasma-mass spectrometer in dynamic reaction cell mode. Calibrating standards and blanks are diluted with an aqueous acidic diluent containing internal standards. Quality control specimens and patient samples are diluted in an identical manner. In turn, all diluted blanks, calibrating standards, quality control specimens, and patient specimens are aspirated into a pneumatic nebulizer and the resulting aerosol directed to the hot plasma discharge by a flow of argon. In the annular plasma the aerosol is

vaporized, atomized, then ionized. The ionized gases plus neutral species formed in the annular plasma space are aspirated from the plasma through an orifice into a quadrupole mass spectrometer. The mass range from 1 to 263 amu is rapidly scanned multiple times and ion counts tabulated for each mass of interest. Instrument response is defined by the linear relationship of analyte concentration vs. ion count ratio (analyte ion count/internal standard ion count). Analyte concentrations are derived by reading the ion count ratio for each mass of interest and determining the concentration from the response line.(Unpublished Mayo method)

PDF Report

No

Day(s) and Time(s) Test Performed

Thursday

Analytic Time

1 day

Maximum Laboratory Time

5 days

Specimen Retention Time

14 days

Performing Laboratory Location

Rochester

Fees and Codes
Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

83785

LOINC® Information

| Test ID | Test Order Name | Order LOINC Value |
|---------|---------------------|-------------------|
| MNU | Manganese, 24 Hr, U | 8203-2 |

| Result ID | Test Result Name | Result LOINC Value |
|-----------|---------------------|--------------------|
| 8080 | Manganese, 24 Hr, U | 8203-2 |
| TM26 | Collection Duration | 13362-9 |
| VL24 | Urine Volume | 3167-4 |

