Aldosterone and Renin, Direct with Ratio

Specimen Required:

**Patient Prep:** Collect midmorning after patient has been sitting, standing or walking for at least 2 hours and seated for 5-15 minutes. Refer to the Additional Technical Information for specific patient preparation recommendations.

**Collect:** Serum Separator Tube (SST) AND Lavender (EDTA) or Pink (K2EDTA). Do not collect in refrigerated tubes.

**Specimen Preparation:** Separate from cells ASAP or within 2 hours of collection.

**Serum:** Transfer 1 mL serum to an ARUP Standard Transport Tube (Min: 0.5mL) AND

**Plasma:** Transfer 2 mL EDTA plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)

**Storage/Transport Temperature:** Both specimens should be submitted together for testing.

**Serum:** Frozen. Also acceptable: Refrigerated.

**Plasma:** CRITICAL FROZEN. Separate specimens must be submitted when additional tests are ordered.

**Unacceptable Conditions:** Plasma collected in citrate, heparin, or oxalate. Hemolyzed specimens.

**Stability (collection to initiation of testing):** Serum: Ambient: 8 hours; Refrigerated: 5 days; Frozen: 1 month

**Plasma:** Ambient: 4 hours; Refrigerated: Unacceptable; Frozen: 1 month

**Note:** Do not use this test for patients treated with Cathepsin B. Menstruating females and those taking estrogen containing medications may have lower renin direct concentrations, resulting in falsely high aldosterone-renin ratio (ARR). In these cases, order Aldosterone/Renin Activity Ratio (ARUP Test code 0070073). Refer to the Additional Technical Information for Endocrine Society recommendations for patient preparation, specimen collection, medications for hypertension control during confirmatory testing for primary aldosteronism, and factors that may lead to false-positive or false-negative ARR results.