TEST CHANGE

Procalcitonin

0020763, PCT

Specimen Requirements:	
Patient Preparation:	The same specimen type (serum, plasma) should be used throughout the patient's clinical course.
Collect:	Plasma separator tube~~Separator Tube~~ (PST) or serum separator tube~~Serum Separator Tube~~ (SST).
Specimen Preparation:	For~~Allow~~ serum specimens, ensure that complete~~to sit for 15-20 minutes for proper~~ clot formation has taken place prior to centrifugation. If ~~and to ensure~~ the specimen is centrifuged before complete clot formation, the presence~~absence~~ of fibrin may cause erroneous results. The use of plasma is recommended for rapid turnaround of results. For accurate results, ~~in the~~ serum and plasma specimens should be free of fibrin, red blood cells, and other particulate matter. ~~which can interfere with this assay.~~ Separate from cells ASAP or within 2 hours of collection. Transfer 2 mL serum or plasma to an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 0.3 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Specimens collected in citrate anticoagulant. Specimens that are heat-inactivated, pooled, grossly hemolyzed, contain obvious microbial contamination or fungal growth should not be used.
Remarks:	
Stability:	After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 15 days
Methodology:	Quantitative Chemiluminescent Immunoassay (CLIA)
Performed:	Sun-Sat
Reported:	Within 24 hours
Note:	Procalcitonin levels below 0.50 ng/mL do not exclude an infection, because localized infections (without systemic signs) may also be associated with such low levels.
CPT Codes:	84145

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Procalcitonin >~~A correction has been applied to optimize cutoffs established for the BRAHMS PCT sensitive KRYPTOR assay.~~

~~Procalcitonin >~~ 2.00 ng/mL: Procalcitonin levels above 2.00 ng/mL on the first day of ICU admission represent a high risk for progression to severe sepsis and/or septic shock.

Procalcitonin < 0.50 ng/mL: Procalcitonin levels below 0.50 ng/mL on the first day of ICU admission represent a low risk for progression to severe sepsis and/or septic shock.

If the procalcitonin measurement is performed shortly after the systemic infection process has started (usually less than 6 hours), these values may still be low. As various noninfectious~~non-infectious~~ conditions are known to induce procalcitonin as well, procalcitonin levels between 0.50 ng/mL and 2.00 ng/mL should be reviewed carefully to take into account the specific clinical background and condition(s) of the individual patient.

Reference Interval:

Less than 0.07 ng/mL