

0020763	Procalcitonin	PCT
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Methodology: Immunoassay

Specimen Required: Patient Prep: The same specimen type (serum, plasma) should be used throughout the patient's clinical course.

Collect: Plasma Separator Tube (PST) or Serum Separator Tube (SST).

Specimen Preparation: Allow serum to sit for 15-20 minutes for proper clot formation and to ensure the absence of fibrin in the serum 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. (Min: 0.3 mL)

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Specimens collected in citrate anticoagulant.

Stability (collection to initiation of testing): After separation from cells: Ambient: 24 hours; Refrigerated: 5 days; Frozen: 15 days

Reference Interval: Less than 0.07 ng/mL

Interpretive Data: 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 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.