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:	Serum~~Plasma separator tube (PST) or serum~~ separator tube (SST), K2EDTA, K3EDTA, or li heparin plasma.~~).~~
Specimen Preparation:	Allow~~For~~ serum ~~specimens, ensure that complete clot formation has taken place prior to centrifugation. If the~~ specimen to clot completely at room temperature.~~is centrifuged before complete clot formation, the presence of fibrin may cause erroneous results. The use of plasma is recommended for rapid turnaround of results. For accurate results, serum and plasma specimens should be free of fibrin, red blood cells, and other particulate matter.~~ Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1~~2~~ mL serum or plasma to an ARUP standard transport tube. (Min: 0.5~~3~~ mL)
Transport Temperature:	Frozen ~~Refrigerated.~~
Unacceptable Conditions:	Hemolyzed specimens. Specimens stabilized with azide. ~~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: 48 hours~~5 days~~; Frozen: 1 year~~15 days~~
Methodology:	Quantitative Electroc~~C~~hemiluminescent Immunoassay (ECLIA)
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:

ICU Admission Risk Assessment: On the first day of ICU admission, procalcitonin concentrations~~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 concentrations~~<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. Concentrations below 0.50 ng/mL do not exclude an

~~If the procalcitonin measurement is performed shortly after the systemic~~ infection. Increased ~~process has started (usually less than 6 hours), these values may still be low. As various noninfectious conditions are known to induce~~ procalcitonin concentrations can occur without infection. Use in conjunction with other clinical and laboratory findings.

This test may also be used to determine 28-day mortality risk for individuals with septic shock or severe sepsis in acute settings, as an aid in determining whether antibiotic treatment may be discontinued in individuals with confirmed or suspected sepsis, or to aid in antibiotic therapy decision-making for individuals with confirmed or suspected lower respiratory tract infections in inpatient or emergency settings.

For more information about~~well,~~ procalcitonin test result interpretation, refer to arupconsult.com/ati/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~~ 0.08~~07~~ ng/mL

HOTLINE NOTE: There is a numeric map change associated with this test. Refer to the Hotline Test Mix for interface build information.