TEST CHANGE

Metanephrines, Plasma (Free)

0050184, META PF

Specimen Requirements:	
Patient Preparation:	Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible. Collection of the specimen after the patient has rested for 15 minutes in a supine position is recommended.
Collect:	Lavender (EDTA), pink (K2EDTA), or green (sodium or lithium heparin).
Specimen Preparation:	Centrifuge within 1 hour. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL) Avoid hemolysis.
Transport Temperature:	Frozen. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Plasma separator tubes. Body fluids other than EDTA or heparinized plasma. Non-frozen specimens. Grossly hemolyzed.
Remarks:	
Stability:	After separation from cells: Ambient: 3 Days~~Unacceptable~~; Refrigerated: 10 Days~~Unacceptable~~; Frozen: 1 month
Methodology:	Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Sun-Sat
Reported:	2-5~~4~~ days
Note:	Isoetharine, isoproterenol, 3,4-methylenedioxyamphetamine (MDA), and 3,4-methylenedioxymethamphetamine (MDMA) are known to interfere with this test. Many drugs/medications, including over-the-counter and herbal products, can interfere with test results. Testing for all potential interactions is not possible. If the patient is taking a drug not listed as an interferent, its potential effect on test results is unknown. If test results are inconsistent with clinical evidence, drug interference should be considered. If appropriate, the patient should discontinue the potential interferent for 48-72 hours and a new sample collected for retesting.

CPT Codes:	83835
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

This test is useful in the detection of pheochromocytoma, a rare neuroendocrine tumor. The majority of patients with pheochromocytoma have a plasma normetanephrine concentration in excess of 2.2 nmol/L and/or a metanephrine concentration in excess of 1.1 nmol/L. Increased concentrations of these analytes serve as confirmation for diagnosis. Patients with essential hypertension and plasma concentrations of normetanephrine below 0.9 nmol/L and a metanephrine concentration below 0.5 nmol/L, can be excluded from further testing. If clinical suspicion remains, repeat testing or testing for metanephrines in a 24-hr. urine specimen should be considered.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.

Reference Interval:

Normetanephrine: 0.0-0.89 nmol/L
Metanephrine: 0.0-0.49 nmol/L