

Urinary Assessment of Kidney Function Changes

On 3/30/2021, the UVMHC Laboratory will be making changes to two tests involved in the assessment of proteinuria and kidney function. These changes are outlined below.

<u>Test Name</u>	<u>Epic Code</u>	<u>Legacy Code</u>	<u>Mayo Access ID</u>
Protein/Creatinine Ratio, Urine	LAB3650	UTPCRR	FAH5739

- **The reference range of the urine protein-to-creatinine ratio is being updated** to match that of our reference laboratory, Mayo Medical Laboratories.
 - Current: <0.16 mg/mg creatinine for Females
<0.11 mg/mg creatinine for Males
 - New: <0.18 mg/mg creatinine for both Females and Males age ≥18 years**
- Furthermore, for times when the patient's urine creatinine is ≤38 mg/dL, the urine protein-to-creatinine ratio will **NOT** calculate, as we have found that for urine containing such a low level of creatinine, the urine protein over-recovers, giving a falsely elevated protein-to-creatinine ratio. This instance is usually due to a very dilute urine sample and the patient should be recollected, preferably, with a first morning void specimen.

<u>Test Name</u>	<u>Epic Code</u>	<u>Legacy Code</u>	<u>Mayo Access ID</u>
Urine Albumin-to-Creatinine Ratio	LAB743	UMALBU	FAH5821

- In line with the recommendation from the National Kidney Foundation, the test name is being updated from Microalbumin, Urine to **Urine Albumin-to-Creatinine Ratio (ACR)**. There will be no change to the order code or reference range.
- Furthermore, for times when the patient's urine albumin is ≤0.6 mg/dL, the ACR will **NOT** calculate, as we have found that for urine containing such a low level of albumin, the resulting ACR calculated with a "<" sign can result in interpretation issues. This instance is usually due to a very dilute urine in a patient of normal muscle mass, and the patient should be recollected, preferably, with a first morning void specimen.
- Finally, as a good practice reminder, make sure that each diabetic and hypertensive patient be **monitored at least yearly** with an ACR test to detect early signs of kidney damage.

If you have any questions or concerns about these changes please reach out to the chemistry medical director (clayton.wilburn@uvmhealth.org).

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