
Lab Dept: Chemistry

Test Name: PROCALCITONIN

General Information

Lab Order Codes: PROCA

Synonyms: PCT; PROCL

CPT Codes: 84145 – Procalcitonin (PCT)

Test Includes: Procalcitonin concentration measured in ng/mL.

Logistics

Test Indications: Useful for diagnosis of bacteremia and septicemia in adults and children (including neonates); Diagnosis of renal involvement in urinary tract infection in children; Diagnosis of bacterial infection in neutropenic patients; Diagnosis, risk stratification, and monitoring of septic shock; Diagnosis of systemic secondary infection post-surgery, and in severe trauma, burns, and multiorgan failure; Differential diagnosis of bacterial versus viral meningitis; Differential diagnosis of community-acquired bacterial versus viral pneumonia; Monitoring of therapeutic response to antibacterial therapy.

Lab Testing Sections: Chemistry

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: Performed daily (Stat: 1-2 hours)

Special Instructions: N/A

Specimen

Specimen Type: Blood

Container: Red, marble or gold top tube, **preferred**
Alternate tube: Green top (Li heparin) tube

Draw Volume: 1.8 mL (Minimum: 0.9 mL) blood

Processed Volume: 0.6 mL (Minimum: 0.3 mL) plasma/serum

Collection: Routine blood collection. Mix tubes containing anticoagulant by gentle inversion.

Special Processing: Lab Staff: Centrifuge specimen, remove plasma/serum aliquot as soon as possible. Place aliquot into a screw-capped round bottom plastic via. Store at refrigerated temperatures. Do not exceed 8 hours on clot/cells/gel or 24 hours off clot/cells/gel at refrigerated temperatures.

Specimen is stable at 2-8 degrees for 24 hours and at -20 degrees C for 30 days.

Patient Preparation: None

Sample Rejection: Mislabeled or unlabeled specimens; gross hemolysis

Interpretive

Reference Range:

Age	Range (ng/mL)
Newborns:	
0 – 6 hours	< or = 2
6 – 12 hours	< or = 8
12 – 18 hours	< or = 15
18 – 30 hours	< or = 21
30 – 36 hours	< or = 15
36 – 42 hours	< or = 8
42 – 48 hours	< or = 2
Infants >48 hours – Adult:	
Infants >48 hours – Adult:	< or =0.1 ng/mL
Interpretation – General Considerations:	
Procalcitonin level < or =0.1 ng/mL: No systematic inflammatory response.	

<p>Procalcitonin level 0.10 – 0.49 ng/mL:</p> <p>Minor or no significant inflammatory response. Local inflammation and local infection are possible.</p>
<p>Procalcitonin level 0.50 – 1.99 ng/mL:</p> <p>Moderate risk for progression to severe systemic infection (Severe Sepsis).</p> <p>Patient should be closely monitored clinically, and retested if indicated. Note: Increased PCT levels are not always related to infection. Increases may also be seen in:</p> <ul style="list-style-type: none"> ● First days after major trauma, major surgery, severe burns, treatment with drugs that stimulate release of pro-inflammatory cytokines. ● Patients with invasive fungal infections and acute infection with plasmodium falciparum malaria. ● Prolonged or severe cardiogenic shock, prolonged severe organ perfusion anomalies, small cell lung cancer, and medullary C-cell carcinoma of the thyroid.
<p>Procalcitonin level 2.00 – 9.99 ng/mL:</p> <p>Severe systemic inflammatory response, most likely due to sepsis, unless other causes are known. High risk for progression to severe systemic infection.</p>
<p>Procalcitonin level > or = 10.00 ng/mL:</p> <p>HIGH LIKELIHOOD OF SEVERE SEPSIS OR SEPTIC SHOCK. Procalcitonin levels >10ng/ml are almost exclusively due to severe bacterial sepsis or septic shock.</p>

Critical Values:

N/A

Limitations:

PCT can be elevated by non-infectious causes. These include, but are not limited to:

- Neonates < 48 hours of life (physiological elevation)
- The first days after a major trauma, major surgical intervention including extracorporeal circulation (ECMO), severe burns
- Treatment with OKT3 antibodies, interleukins, TNF-a and other drugs stimulating the release of pro-inflammatory cytokines
- Patients with invasive fungal infections, acute attacks of plasmodium falciparum malaria, and/or chronic hepatitis
- Patients with prolonged or severe cardiogenic shock, prolonged severe organ perfusion anomalies, small cell lung carcinoma or bronchial carcinoid, medullary C-cell carcinoma of the thyroid, Child-Pugh Class C liver cirrhosis, chemical pneumonitis, heat stroke, chronic viral illness and peritoneal or hemodialysis treatment.

Low PCT levels do not automatically exclude the presence of bacterial infection.

Such low levels may be obtained during the early course of infections, in localized infections and subacute endocarditis. Therefore, follow-up and reevaluation of PCT in clinical suspicion of infection is pivotal.

Architect BRAHMS PCT results should not be used interchangeably with other methods for PCT determinations for monitoring patients including samples between Minneapolis and St. Paul laboratories. Testing should occur only at the initial sample testing location.

The same sample matrix/tube type should be used for patient testing throughout admission due to variations in measurement (i.e. lithium heparin plasma, all serum, etc).

Methodology:

Chemiluminescent Microparticle Immunoassay (CMIA) and Chemiluminescent Immunoassay (CLIA)

References:

Abbott Architect B.R.A.H.M.S PCT package insert, Revised June 2017, Ref B1-0601/R01, Abbott Laboratories, Abbott Park, IL 60064 USA

Abbott Alinity i BRAHMS PCT Package Insert, Abbott Laboratories Diagnostics Division, Abbott Park, IL, 60064, USA, July 2018

Abbott Alinity i BRAHMS PCT Calibrator Insert, Abbott Laboratories Diagnostics Division, Abbott Park, IL, 60064, USA, June 2018

Chiesa, C., et. al (1998). Reliability of procalcitonin concentrations for the diagnosis of sepsis in critically ill neonates. *Clinical Infectious Diseases*, 26, 664-72

Liason BRAHMS PCT II Gen (REF 318090) Package Insert. DiaSorin Inc, Stillwater, Minnesota, en-200/007-052, 01-2018-07

The Children's Hospital, Aurora, CO. PCT result comments 10/2009.

[Mayo Medical Laboratories](#) April 2018

Updates:

3/25/2014: Removal of critical value, previously listed as ≥ 2.00 ng/mL

2/9/2016: Update alt tube type

4/24/2018: Testing moved from Esoterix to internal test at Children's MN. Method and ref range update.

8/13/2019: New method added of STP campus

8/19/2019: Updated collection containers, EDTA no longer acceptable.

12/7/2020: Updated for method Abbott Alinity