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**Lab Dept:** Chemistry

**Test Name:** TACROLIMUS (FK506) LEVEL (MAYO TRANSPLANT PATIENTS)

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***General Information***

**Lab Order Codes:** TACR

**Synonyms:** FK506; Prograf®

**CPT Codes:** 80197 - Tacrolimus

**Test Includes:** Tacrolimus concentration reported in ng/mL.

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***Logistics***

**Test Indications:** Useful for guiding dosage adjustments to achieve optimal immunosuppression while minimizing dose-dependant toxicity.

**Lab Testing Sections:** Chemistry - Sendouts

**Referred to:** Mayo Medical Laboratories (Test: TAKRO)

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 - 2 days, test performed daily

**Special Instructions:** Usual sampling time is prior to next dose for trough levels.

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***Specimen***

**Specimen Type:** Whole Blood

**Container:** Lavender top (EDTA) tube

**Draw Volume:** 3 mL (Minimum: 1 mL) blood

**Processed Volume:** Same as Draw Volume

**Collection:** Routine venipuncture

<b>Special Processing:</b>	Lab Staff: <b>Do Not</b> centrifuge. Specimen should remain as whole blood in original collection container. Store in refrigerator. Ship at refrigerated temperatures. Forward promptly.
<b>Patient Preparation:</b>	None
<b>Sample Rejection:</b>	Mislabeled or unlabeled specimens

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### ***Interpretive***

**Reference Range:** 5.0 – 15.0 ng/mL

**Critical Values:** N/A

**Limitations:** The recommended therapeutic range applies to trough specimens drawn just before the next dose. Blood collected at other times will yield higher results.

**Methodology:** High Performance Liquid Chromatography/Tandem Mass Spectrophotometry (HPLC-MS/MS)

**References:** [Mayo Medical Laboratory Web Page](#) (July 2013)

**Updates:** 8/11/2004: Effective 8/4/2004, this test was moved from Fairview Diagnostic Laboratories to Mayo Medical Laboratories. Note: Change in Draw Volume (previously 2.0 mL), Change in Reference Range (previously 10-20 ug/L), Change in Critical Range (previously >40 ug/L) and Change in method (previously MEIA).