
Lab Dept: Urine/Stool

Test Name: CALPROTECTIN, STOOL

General Information

Lab Order Codes: CALPS

Synonyms: N/A

CPT Codes: 83993 – Calprotectin, fecal

Test Includes: Stool Calprotectin level reported in mcg/g.

Logistics

Test Indications: Fecal calprotectin can be used to differentiate between Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD); to monitor treatment in IBD, and to determine which patients should be referred for endoscopy and/or colonoscopy.

Lab Testing Sections: Urine/Stool – Sendouts

Referred to: Mayo Medical Laboratories (MML Test: CALPR)

Phone Numbers: MIN Lab: 612-813-6280

STP Lab: 651-220-6550

Test Availability: Daily, 24 hours

Turnaround Time: 7 – 11 days

Special Instructions: N/A

Specimen

Specimen Type: Random stool

Container: Screw-capped, plastic container

Draw Volume: 5 grams (Minimum: 1 gram) stool

Processed Volume: Same as Draw Volume

Collection: Routine random stool collection, no preservative, must be frozen within 18 hours of collection. Must be sent in a separate container. Cannot be combined with other tests. Stable for 7 days frozen.

Special Processing: Lab Staff: Stool should be in a plastic screw-capped container. Must be sent in a separate container. Cannot be combined with other tests. Collection date and time is required. Freeze specimen. Forward promptly.

Patient Preparation: None

Sample Rejection: Specimens other than stool; mislabeled or unlabeled specimen

Interpretive

Reference Range:	< or =50 mcg/g	Normal
	50.1 – 120.0 mcg/g	Borderline
	>or=120.1 mcg/g	Abnormal

Critical Values: N/A

Limitations: Elevations in fecal calprotectin are not diagnostic for irritable bowel disease (IBD), and normal fecal calprotectin concentrations do not exclude the possibility of IBD. Diagnosis of IBD should be based on clinical evaluation, endoscopy, histology, and/or imaging studies.

Borderline results in fecal calprotectin may be observed in patients taking NSAIDs, aspirin or proton-pump inhibitors.

For borderline results, repeat testing in 4-6 weeks is suggested.

Elevations in fecal calprotectin may be observed in other disease states associated with neutrophilic inflammation of the gastrointestinal system, including celiac disease, colorectal cancer, and gastrointestinal infections.

Falsely decreased concentrations of fecal calprotectin may be observed in patients with neutropenia or granulocytopenia.

Methodology: Enzyme Linked Immunosorbent Assay (ELISA)

References: [Mayo Medical Laboratories](#) June 2016