Lab Dept: Urine/Stool

Test Name: MICROALBUMIN, URINE

General Information

Lab Order Codes:	UMAR
Synonyms:	Albumin/Creatinine Ratio
CPT Codes:	82043 – Albumin: urine, microalbumin, quantitative 82570 – Creatinine; other source
Test Includes:	Urine Microalbumin in mg/L, Urine Creatinine in mg/dL and Albumin/creatinine ratio in mg albumin/g creatinine

Logistics

Test Indications:	Increased excretion of albumin (microalbuminuria) is a predictor of future development of clinical renal disease in patients with hypertension or diabetes mellitus.
Lab Testing Sections:	Chemistry
Phone Numbers:	MIN Lab: 612-813-6280 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	1 day
Special Instructions:	N/A

Specimen

Specimen Type:	Urine, random collection
Container:	Plastic leakproof container (No preservatives)
Draw Volume:	1 - 3 mL from a random urine collection
Processed Volume:	Minimum: 1 mL urine

Collection: A random urine sample may be obtained by voiding into a urine cup and is often performed at the laboratory. Bring the refrigerated container to the lab. Make sure all specimens submitted to the laboratory are properly labeled with the patient's name, medical record number and date of birth.

Special Processing: Lab Staff: Centrifuge specimen before analysis.

Patient Preparation: Sample should not be collected after exertion, in the presence of a urinary tract infection, during acute illness, immediately after surgery, or after acute fluid load.

Sample Rejection: Mislabled or unlabeled specimens; samples contaminated with blood

Interpretive

Reference Range:

Albumin/creatinine ratio (A/C ratio)	<30 mg/g Normal
	30 - 299 mg/g Microalbuminuria
	>300 mg/g Clinical albuminuria
Urine Creatinine:	No reference ranges established

Critical Values: N/A

Limitations: Due to variability in urinary albumin excretion, at least two of three test results measured within a 6-month period should show elevated levels before a patient is designated as having microalbuminuria.

Exercise within 24 hours, infection, fever, congestive heart failure, marked hyperglydemia, and marked hypertension may elevate urinary albumin excretion over baseline values.

Methodology: Turbidimetric/Immunoturbidimetric

References:

Abbott Alinity c Microalbumin Reagent Kit Instructions for Use, Abbott Diagnostics Division, Abbott Park, IL, 60064, USA. Revised February 2018

Abbott Alinity c Microalbumin Calibrator Package Insert, Abbott Diagnostics Division, Abbott Park, IL, 60064, USA. Revised December 2017

Jacobs & DeMott Laboratory Test Handbook (2001) Lexi-Comp, Inc, Hudson, OH, 5th Edition

Biorad Liquichek Urine Chemistry Control Product insert, Bio-Rad Laboratories, Irvine, CA 92618

Updates:	8/29/2005: Method change, previously listed as Immunoturbidimetric /Modified benedict/Behre. 4/22/2014: Method update, previously listed as Turbidimetric/Immunoassay – PETINIA. 9/28/2017: Updated lab processing. 11/24/2020: Updated method Abbott Alinity, removed method Siemens Vista