

New Test Announcement



hsCRP Test Methodology Change, Effective 12 22 09

Effective [12/22/2009](#), St. Luke's Hospital laboratory will start performing "high sensitivity" CRP testing, hsCRP, as a means to assess risk of cardiovascular disease or events. This assay demonstrates a ten fold increase in sensitivity over the original CRP assay, used primarily to detect and monitor inflammatory processes. At this time, we will also change the units of reporting of the original CRP from mg/dL to mg/L to keep us in agreement with standard laboratory practice.

Data from multiple studies has shown a correlation between elevated levels of hsCRP and an increased risk of developing cardiovascular disease or ischemic events in asymptomatic individuals.

Because hsCRP is an acute phase reactant, a single test may not reflect the true basal hsCRP level. Repeat testing may be required to establish an individual's basal hsCRP level.

New Methodology and Reference Range [hsCRP](#):

Immunoturbidimetry performed by St. Luke's Hospital Laboratory

New Reference Range:

Standard Risk: 0.0 – 3.0 mg/L

High Risk: >3.0 mg/L

Previous Method and Reference Range [hsCRP](#):

Immunoturbidimetry performed by Mayo Reference Laboratory

Previous Reference Range:

Low Risk: <1.0 mg/L

Average Risk: 1.0 – 3.0 mg/L

High Risk: >3.0 mg/L

Acute Inflammation >10.0 mg/L

Specimen Requirements:

Draw blood in serum gel or lithium heparin gel tube. Centrifuge and send 1.0 mL serum/plasma refrigerated or frozen if >72 hours.

If you have questions, please contact K. Baer, M.D. (218)249-5751, Chemistry Medical Director or Mike Miller, [MT](#) (ASCP) (218) 249-5207, Chemistry Technical Specialist.