



Laboratory Bulletin

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| DATE: | March 22, 2021 |
|-------|---|
| TO: | Edmonton Zone and North Zone– Physicians, Nurses, Directors, and Managers |
| FROM: | Alberta Precision Laboratories (APL) and DynaLIFE Medical Labs |
| IKE: | Provincial standardization of Reference Intervals, Comments and Available Tests: Creatine kinase, Ferritin, urine Osmolality, Total Testosterone, and the Iron and TIBC panel |

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Key Messages:

- Effective **April 10th**, **2021**, provincially standardized reference intervals (RIs) and comments for several tests will be implemented at APL and DynaLIFE laboratories in Edmonton Zone and North Zone sites to coincide with the launch of Connect Care Wave 3.
- In addition, AM Testosterone and PM Testosterone orderables will be discontinued, leaving a single Total Testosterone orderable (Testosterone, Total; previously "Testosterone, Total, Random").

| Test (abbreviation , units) | Cu | rrent RIs | · | New Provincially Standardized RIs | New Result Comment |
|-----------------------------------|------------|------------|------------|--------------------------------------|--|
| | Age | Gende r | RI | | |
| | 0 to <2y | All | 40-230 | | |
| Creatine | 2 to <10y | All | 40-220 | Age Gender RI | |
| Kinase | 10 to | M | 40-200 | M U X 30-350 | None |
| (CK, U/L) | <18y | F | 30-160 | All F 30-200 | Nono |
| (3.4, 3/2) | , | U, X | 30-200 | . 00 200 | |
| | ≥18y | M, U, X | <250 | | |
| | | F | <200 | | |
| | Age | Gende | r RI | | |
| | 0 to <6m | All | 50- 500 | | Ferritin concentration should be interpreted |
| Ferritin | 6m to <16y | All | 15- 100 | | within the context of the patient (eg. |
| (µg/L) | | М | 30- 500 | Currently using Provincial RIs | Inflammation, acute illness) and values less |
| | ≥16y | F | 20- 300 | | than 30-45 ug/L are associated with iron |
| | | U, X | 20- 500 | | deficiency. |



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| | | Gende | | T | | | | | |
|------------------|----------|----------|-------------|----|----------|----------|--------|---------|--|
| Osmolality, | Age | r | RI | | Г | Age | Gender | RI | |
| urine | 0 to <8d | All | 75-300 | | | | | 50- | None |
| (mmol/kg) | | | 250- | | | All | All | 1400 | T Tonio |
| (g) | ≥8d | All | 900 | | <u> </u> | | | | |
| | | | | | | | | | *Clinical correlation with |
| | | | | | | | | | puberty status |
| | | | | | | Age | Gende | RI | suggested. |
| | | Gender | RI | | | | r | :40.0 | |
| | 0 to | M | None | | | to <6m | | <19.0 | **Testosterone exhibits |
| | <18y | F | 0.5-2.0 | | | to <6m | F | <2.0 | diurnal variation with |
| | | | AM: | | | 6m to | All | <0.2* | values that are highest |
| | | | 10.3-29.5 | | | <11y | | | closest to waking. |
| | | | PM: | | | <15y | М | <20.0* | Collection time should |
| Testosterone, | ≥18y | М | 8.0-26.7 | | | 15 to | | 4.0- | be considered when |
| Total (nmol/L) | _ 10y | | 0.0 20.7 | | | <18y | М | 27.0* | making clinical decisions. A low value |
| | | | Random: | | | 11 to | | | should be confirmed |
| | | | 8.0-29.5 | | | <18y | F | <1.8* | with a repeat test. |
| | | F | 0.5-2.0 | | | | | 8.0- | with a repeat test. |
| | | <u>L</u> | | | | ≥18y | M | 35.0** | ***Note: a comment will |
| | | | | | | ≥18y | F | <2.0 | be applied to all gender |
| | | | | | | <u> </u> | ' | \2.0 | U/X patient results |
| | | | | | | All | U, X | None*** | outlining the M/F RIs |
| | | | | | | | | | and relevant comments |
| | | | | | | | | | as above. |
| | | Iron a | and TIBC pa | ne | el | | | | |
| | Age | Gende | r RI | | | | | | Blood iron levels alone |
| Iron | 0 to <18 | / All | 8-25 | | Г | Age | Gender | RI | cannot be used to |
| lron (µmol/L) | | M | 8-30 | | F | All | All | 8-35 | determine iron stores. |
| (μποι/Ε) | ≥18y | F | 6-28 | | L | All | ΛII | 0-33 | Ferritin is the preferred |
| | | U, X | 6-30 | | | | | | marker to screen for |
| Total Iron | | | | | | | | | iron deficiency. Iron saturation index |
| Binding | | Gende | | | | Age | Gender | RI | and ferritin are the |
| Capacity | Age | r | RI | | | to <18y | All | 50-80 | preferred screening |
| (TIBC, | All | All | 40-80 | | | ≥18y | All | 40-75 | tests for iron overload. |
| µmol/L) | | | | | | | | | |
| | | | | | | | | | |



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| Iron |
|------------|
| Saturation |
| Index |
| |

| Age | Gender | RI |
|------|--------|-------|
| 0 to | All | 0.16- |
| <18y | All | 0.60 |
| >10v | All | 0.15- |
| ≥18y | All | 0.50 |

| Age | Gender | RI |
|--------------|--------|-----------|
| 0 to <18y | All | 0.10-0.50 |
| | М | 0.12-0.60 |
| ≥18y | F | 0.10-0.55 |
| | U, X | 0.10-0.60 |

d = days; m = months; y = years; M = Male; F = Female; U = Unknown Sex; X = Gender X

Why this is important:

- All sites currently live with Connect Care (i.e. Waves 1 and 2) will adopt the new provincially standardized RIs and comments.
- There are no changes to the testing methods in use, but the RI and comment changes will provide
 more robust and accurate guidance for result interpretation that is reflective of the Alberta population,
 and will support ongoing provincial laboratory standardization efforts.
- Consolidating total testosterone testing to a single orderable is supported by provincial data and endorsed by the Division of Endocrinology in Edmonton and Calgary.

Action Required:

- Be aware that all sites currently live with Connect Care will have new RIs and/or comments for CK,
 Ferritin, urine Osmolality, Total Testosterone, and the Iron and TIBC panel (Iron, TIBC, Iron Saturation Index).
- Note that AM and PM Testosterone orderables will no longer be available, leaving a single Total Testosterone orderable option (Testosterone, Total).

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