

LIPID PROFILE

Orderable - LIPIDS

Turn Around Time: 24 hours

Alternate Name(s):

Cholesterol, Triglyceride, HDL, LDL

Specimen:

| Adult | Pediatric |
|-------------------------------------|---|
| 4.5 mL Green top Vacutainer tube | 0-2 years: 0.5 mL Green Microtainer 2-10 years: 1 mL Green top tube |

Collection Information:

Collect blood aseptically in a Vacutainer tube.

Patient must be fasting at least 12 hours.

Reference Ranges:

See reference ranges and interpretive comments for individual tests.

Increased risk of cardiovascular disease at triglycerides level greater than 2.0 mmol/L; increased risk of acute pancreatitis at triglycerides level greater than 10.0 mmol/L (Lancet 2014;384:626-635).

Interpretive Comments:

Cholesterol target levels are dependent upon patient 10-year risk of coronary artery disease (Can J Cardiol 2016). "Cardiovascular Age" and the Framingham Risk Score (FRS). "Cardiovascular Age" and the Framingham Risk Score (FRS) calculation is provided at https://ccs.ca/app/uploads/2020/12/FRS_eng_2017_fnl_greyscale.pdf

Table Treatment Thresholds and Target Lipid Levels*



Laboratory:
Core Lab



Requisition:
GENERAL LABORATORY
REQUISITION



Method of Analysis:
See individual tests:
Cholesterol, Triglycerides,
HDL & LDL



Test Schedule:
As required

LIPID PROFILE

| Risk Level | Initiate therapy if: | Primary Target LDL-C | Alternate Target |
|---------------------|--|--|---|
| High | | | |
| FRS $\geq 20\%$ | Consider treatment in all patients | < 2.0 mmol/L or $< 50\%$ decrease LDL-C | Apo B < 0.8 g/L Non HDL-C < 2.6 mmol/L |
| Intermediate | | | |
| FRS 10%-19% | LDL-C ≥ 3.5 mmol/L Apo B ≥ 1.2 g/L or Non-HDL-C ≥ 4.3 mmol/L | < 2 mmol/L or $> 50\%$ decrease in LDL-C | Apo B < 0.80 g/L Non HDL-C < 2.6 |
| Low | | | |
| FRS $< 10\%$ | LDL-C ≥ 5.0 mmol/L Familial hypercholesterolemia | $> 50\%$ decrease in LDL-C | |

FRS: Framingham Risk Score

2016 Canadian Cardiovascular Society Guidelines for the management of dyslipidemia for the prevention of cardiovascular disease in the adult. Can J Cardiol. 2016;32:1263-82