London Health Sciences Centre
St JOSEPH'S HEALTH CARE LONDON
Pathology and Laboratory Medicine

CYSTATIN C

Orderable - CYSC

Turnaround Time: 4 hours

Laboratory:
Core Lab VH

Requisition:
GENERAL LABORATORY REQUISITION

Method of Analysis:
Particle-enhanced turbidimetric immunoassay (PETIA) for the quantitative determination of Cystatin C in human serum

Test Schedule:
As requested

Specimen:

Adult	Pediatric
4.5 mL Green top Vacutainer tube or 5 mL Gold top Vacutainer tube	0-2 years: 0.6 mL Green top Microtainer 2-10 years: 3 mL Green top tube

Collection Information:

Minimum volume of serum required is 1 mL for adult samples or 0.5 mL for pediatric samples.

Separate and refrigerated or freeze.

Reference Ranges:

Cystatin C	0.61-0.95 mg/L
Estimated Glomerular Filtration Rate using measured Cystatin C (CYSC eGFR) for pediatric patients only	≥90 mL/min/1.73m^2

Interpretive Comments:

CYSC eGFR calculation (Filler G, Lepage N, 2003)
eGFR: < 15 mL/min/1.73 m2
Consistent with kidney failure

eGFR: 15-29 mL/min/1.73 m2
Consistent with severe chronic kidney disease

eGFR: 30-44 mL/min/1.73 m2
Moderate to severe decreased kidney function is consistent with chronic kidney disease if confirmed over 3 months

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eGFR: 45-59 mL/min/1.73 m2
Mild to moderate decreased kidney function is consistent with chronic kidney disease if confirmed over 3 months.

eGFR: 60-89 mL/min/1.73 m2
Consistent with mildly decreased kidney function, however, in the absence of other evidence of kidney disease, eGFR values in this range do not fulfill the KDIGO criteria for chronic kidney disease.
Interpret results in concert with ACR measurement.

eGFR: ≥ 90 mL/min/1.73 m2
Normal eGFR

Comments:

CYSC eGFR is calculated based on the equation published by Filler G and Lepage N, Pediatr Nephrol 18: 981-985, 2003

Storage and Shipment:

Store and send refrigerated or frozen.