

CLIENT UPDATE

Salem Hospital Regional Laboratory is pleased to announce a change in cardiac marker testing methodology from BNP to NTpro-BNP. This change comes as we continue to take steps to join with other leading cardiology centers in providing the best patient care and diagnostic testing available on the market.

NT-proBNP Effective Date: July 10, 2007

B-type natriuretic peptide is released from myocytes mainly in response to ventricular stress, expansion, or volume overload. This prohormone is then cleaved, releasing into circulation in equimolar quantities BNP and NT-proBNP. SHRL is moving from a BNP assay to the Roche NT-proBNP assay.

Reference Interval	<125 pg/ml for patients <75 yrs old <450 pg/ml for patients ≥ 75 yrs old
Specimen Requirements	Heparin plasma or serum (green top PST, SST or Red Top Tube) Stable 3 days room temperature, 3 days refrigerated, 12 months frozen NOTE: EDTA is no longer recommended – results will be 10% lower
Comparison with BNP results	NT-proBNP levels will be 6-8 times higher than BNP levels in CHF. This allows greater sensitivity and fewer false negatives. There is no known conversion factor.
Cross-reactivity	Recombinant BNP (Natrecor/Nesiritide) does not cross-react with NT-proBNP measurement.
Renal Influence	Both BNP and NT-proBNP levels are affected by renal insufficiency. Both, in the presence of CKD, are indicators of CAD, LVH, underlying ischemic heart disease and hypertrophy.

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