

Overview
Useful For

Routine health monitoring

Patient monitoring while hospitalized for information regarding metabolism, including the current kidney status, electrolyte and acid/base balance, and blood glucose

Profile Information

Test Id	Reporting Name	Available Separately	Always Performed
KS	Potassium, S	Yes	Yes
NAS	Sodium, S	Yes	Yes
CL	Chloride, S	Yes	Yes
HCO3	Bicarbonate, S	Yes	Yes
AGAP	Anion Gap	No	Yes
BUN	Bld Urea Nitrog (BUN), S	Yes	Yes
CRTS1	Creatinine with eGFR, S	Yes	Yes
CA	Calcium, Total, S	Yes	Yes
GLURA	Glucose, Random, S	Yes	Yes
TP	Protein, Total, S	Yes	Yes
ALB	Albumin, S	Yes	Yes
AST	Aspartate Aminotransferase (AST), S	Yes	Yes
ALP	Alkaline Phosphatase, S	Yes	Yes
ALT	Alanine Aminotransferase (ALT), S	Yes	Yes
BILIT	Bilirubin Total, S	Yes	Yes

Method Name

KS, NAS, CL: Potentiometric, Indirect Ion-Selective Electrode

HCO3: Photometric/Enzymatic

AGAP: Sodium-(Bicarbonate + Chloride)

BUN: Photometric, Urease

CRTS1: Enzymatic Colorimetric Assay

CA: Photometric, 5-nitro-5'-methyl-BAPTA

GLURA: Photometric/Hexokinase

TP: Colorimetric, Biuret

ALB: Photometric, Bromcresol Green

AST: Photometric Rate, L-Aspartate with Pyridoxyl-5-Phosphate

ALP: Photometric, p-Nitrophenol Phosphate

ALT: Photometric Rate, L-Alanine with Pyridoxal-5-Phosphate

BILIT: Photometric, Diazonium Salt (DPD)

NY State Available

Yes

Specimen**Specimen Type**

Serum

Necessary Information

Patient's age and sex are required.

Specimen Required**Container/Tube:****Preferred:** Serum gel**Acceptable:** Red top**Specimen Volume:** 0.6 mL**Collection Instructions:**

1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged and aliquoted within 2 hours of collection.

Reject Due To

Gross hemolysis Reject

Gross lipemia OK

Specimen Minimum Volume

0.5 mL

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)		

Clinical & Interpretive**Clinical Information**

The comprehensive metabolic panel measures 14 analytes and calculates an anion gap. It is used to assess kidney or liver status, electrolyte and acid/base balance, and blood glucose. This comprehensive metabolic panel can also provide information about a patient's response to medications that would impact kidney or liver function.

Reference Values

SODIUM

<1 year: not established

> or =1 year: 135-145 mmol/L

POTASSIUM

<1 year: not established

> or =1 year: 3.6-5.2 mmol/L

CHLORIDE

<1 year: not established

1-17 years: 102-112 mmol/L

> or =18 years: 98-107 mmol/L

BICARBONATE

Males:

<1 year: not established

1-2 years: 17-25 mmol/L

3 years: 18-26 mmol/L

4-5 years: 19-27 mmol/L

6-7 years: 20-28 mmol/L

8-17 years: 21-29 mmol/L

> or =18 years: 22-29 mmol/L

Females:

<1 year: not established

1-3 years: 18-25 mmol/L

4-5 years: 19-26 mmol/L

6-7 years: 20-27 mmol/L

8-9 years: 21-28 mmol/L

> or =10 years: 22-29 mmol/L

ANION GAP

<7 years: not established

> or =7 years: 7-15

BLOOD UREA NITROGEN (BUN)

Males:

<12 months: not established

1-17 years: 7-20 mg/dL

> or =18 years: 8-24 mg/dL

Females:

<12 months: not established

1-17 years: 7-20 mg/dL

> or =18 years: 6-21 mg/dL

CREATININE

Males:

0-11 months: 0.17-0.42 mg/dL

1-5 years: 0.19-0.49 mg/dL

6-10 years: 0.26-0.61 mg/dL

11-14 years: 0.35-0.86 mg/dL

> or =15 years: 0.74-1.35 mg/dL

Females:

0-11 months: 0.17-0.42 mg/dL

1-5 years: 0.19-0.49 mg/dL

6-10 years: 0.26-0.61 mg/dL

11-15 years: 0.35-0.86 mg/dL

> or =16 years: 0.59-1.04 mg/dL

ESTIMATED GLOMERULAR FILTRATION RATE (eGFR)

>60 mL/min/BSA

Estimated GFR calculated using the 2009 CKD_EPI creatinine equation

CALCIUM

<1 year: 8.7-11.0 mg/dL

1-17 years: 9.3-10.6 mg/dL

18-59 years: 8.6-10.0 mg/dL

60-90 years: 8.8-10.2 mg/dL

>90 years: 8.2-9.6 mg/dL

GLUCOSE

0-11 months: not established

> or =1 year: 70-140 mg/dL

TOTAL PROTEIN

> or =1 year: 6.3-7.9 g/dL

Reference values have not been established for patients who are <12 months of age.

ALBUMIN

> or =12 months: 3.5-5.0 g/dL

Reference values have not been established for patients who are <12 months of age.

ASPARTATE AMINOTRANSFERASE (AST)

Males:

0-11 months: not established

1-13 years: 8-60 U/L

> or =14 years: 8-48 U/L

Females:

0-11 months: not established

1-13 years: 8-50 U/L

> or =14 years: 8-43 U/L

ALKALINE PHOSPHATASE (ALP)

Males:

4 years: 149-369 U/L

5 years: 179-416 U/L

6 years: 179-417 U/L

7 years: 172-405 U/L

8 years: 169-401 U/L

9 years: 175-411 U/L

10 years: 191-435 U/L

11 years: 185-507 U/L

12 years: 185-562 U/L

13 years: 182-587 U/L

14 years: 166-571 U/L

15 years: 138-511 U/L

16 years: 102-417 U/L

17 years: 69-311 U/L

18 years: 52-222 U/L

> or =19 years: 45-115 U/L

Females:

4 years: 169-372 U/L

5 years: 162-355 U/L

6 years: 169-370 U/L

7 years: 183-402 U/L

8 years: 199-440 U/L

9 years: 212-468 U/L

10 years: 215-476 U/L

11 years: 178-526 U/L

12 years: 133-485 U/L

13 years: 120-449 U/L

14 years: 153-362 U/L

15 years: 75-274 U/L

16 years: 61-264 U/L

17-23 years: 52-144 U/L

24-45 years: 37-98 U/L

46-50 years: 39-100 U/L

51-55 years: 41-108 U/L

56-60 years: 46-118 U/L

61-65 years: 50-130 U/L

> or =66 years: 55-142 U/L

Reference values have not been established for patients that are <4 years of age.

ALANINE AMINOTRANSFERASE (ALT)

Males:

> or =1 year: 7-55 U/L

Reference values have not been established for patients who are <12 months of age.

Females:

> or =1 year: 7-45 U/L

Reference values have not been established for patients who are <12 months of age.

TOTAL BILIRUBIN

0-6 days: Refer to <http://bilitool.org/> for information on age-specific (postnatal hour of life) serum bilirubin values.

7-14 days: <15.0 mg/dL

15 days to 17 years: < or =0.9 mg/dL

>18 years: < or =1.2 mg/dL

Interpretation

Comprehensive metabolic panel results are usually evaluated in conjunction with each other for patterns of results. The pattern of abnormal results can help identify the possible conditions or diseases present. Many conditions will cause abnormal results including kidney failure, breathing problems, and diabetes-related complications.

Cautions

No significant cautionary statements.

Clinical Reference

AACC: Lab Tests Online: Access 03/22/2017. Available from <https://labtestsonline.org/understanding/analytes/cmp>

Performance

Method Description

Sodium, Potassium, Chloride:

Ion-selective electrode (ISE) (indirect potentiometry). The ISE module performs indirect measurement of electromotive force (EMF). The ISE module measures the EMF difference between an ion-selective electrode and a reference electrode. The EMF of the ion-selective electrode is dependent on the ion concentration of the sample. The EMF of the reference electrode is constant. An electronic calculation circuit converts EMF of the sample to the ion concentration of the sample. (Package insert: Roche Diagnostics ISE reagent; Indianapolis, IN, 2006)

Bicarbonate:

This is a photometric rate reaction. Bicarbonate (HCO_3^-) reacts with phosphoenolpyruvate (PEP) in the presence of phosphoenolpyruvate carboxylase (PEPC) to produce oxaloacetate and phosphate. The oxaloacetate produced is coupled with NADH in the presence of malate dehydrogenase (MDH) to produce malate and NAD. The consumption of NADH causes a decrease in absorbance and is monitored in the UV range of 320 nm to 400 nm. The rate of change is directly proportional to the concentration of bicarbonate. (Package insert: Roche Bicarbonate reagent, Indianapolis, IN, July 2000)

Anion Gap:

This is a calculated result. The following equation is used to calculate the anion gap (A gap):

$A\text{ gap} = \text{Na} - (\text{Cl} + \text{HCO}_3)$

Blood Urea Nitrogen:

This is a kinetic ultraviolet assay where urease cleaves urea to form ammonia and CO_2 . The ammonia formed then reacts with α -ketoglutarate and NADH in the presence of urease/glutamate dehydrogenase (GLDH) to yield glutamate and NAD. The decrease in absorbance, due to the consumption of NADH, is measured kinetically and is proportional to the amount of urea in the sample. (Package insert: Roche Urea/BUN reagent; Indianapolis, IN, Sept 2000)

Creatinine:

This enzymatic method is based on the conversion of creatinine with the aid of creatininase, creatinase, and sarcosine oxidase to glycine, formaldehyde and hydrogen peroxide. Catalyzed by peroxidase the liberated hydrogen peroxide reacts with 4-aminophenazone and HTIB to form a quinone imine chromogen. The color intensity of the quinone imine chromogen formed is directly proportional to the creatinine concentration in the reaction mixture. (Package insert: Roche Diagnostics, Indianapolis IN, 12/2016)

Calcium:

Calcium ions react with 5-nitro-5'-methyl-BAPTA (NM-BAPTA) under alkaline conditions to form a complex. This complex reacts in the second step with EDTA. The change in absorbance is directly proportional to the calcium concentration and is measured photometrically. (Package insert: Roche Calcium Gen.2 reagent, Roche Diagnostic Corp, Indianapolis, IN, 7/2012)

Glucose:

Glucose in the serum, in the presence of hexokinase, is converted to glucose-6-phosphate (G-6-P). In the presence of NADP, glucose-6-phosphate dehydrogenase (G-6-PDH) oxidizes G-6-P to gluconate-6-phosphate and NADPH. The rate of NADPH formation is directly proportional to glucose concentration in the serum and is measured photometrically. (Package insert: Roche Glucose Reagent, Indianapolis, IN, January 2000)

Protein, Total:

Divalent copper reacts in alkaline solution with protein peptide bonds to form the characteristic purple-colored biuret

complex. Sodium potassium tartrate prevents the precipitation of copper hydroxide and potassium iodide prevents autoreduction of copper. The color intensity is directly proportional to the protein concentration, which can be determined photometrically.(Package insert: Roche Protein reagent, Roche Diagnostic Corp., Indianapolis, IN 1999)

Albumin:

The dye, bromcresol green (BCG), is added to serum in an acid buffer. The color intensity of the blue-green albumin-BCG complex is directly proportional to the albumin concentration and is determined photometrically.(Package insert: Roche Albumin reagent; Roche Diagnostic Corp., Indianapolis, IN, July 1999)

Aspartate Aminotransferase:

Aspartate aminotransferase (AST) is measured by a coupled enzyme kinetic method where the rate of decrease of NADH, determined at 340 nm, is directly proportional to the AST activity.(Package insert: Roche AST reagent, Indianapolis, IN, January 2000)

Alkaline Phosphatase:

In the presence of magnesium and zinc ions, p-nitrophenyl phosphate is cleaved by phosphatases into phosphate and p-nitrophenol. The p-nitrophenol released is directly proportional to the catalytic alkaline phosphatase activity. It is determined by measuring the increase in absorbance.(Package insert: Roche Alkaline Phosphatase reagent, Indianapolis, IN, February 2012)

Alanine Aminotransferase:

Alanine aminotransferase (ALT) activity is determined by a kinetic method using a coupled enzyme reaction where the rate of NADH consumption is measured at 340 nm. The NADH decrease is directly proportional to the ALT activity.(Package insert: Roche ALT reagent, Indianapolis, IN, January 2000)

Bilirubin, Total:

Total bilirubin, in the presence of a suitable solubilizing agent, is coupled with 3,5-dichlorophenyl diazonium in a strongly acidic medium. The color intensity of the red azo dye formed is directly proportional to the total bilirubin and can be determined photometrically.(Package insert: Bilirubin Total Gen. 3, Roche Diagnostics, Indianapolis, IN, July 2014)

PDF Report

No

Specimen Retention Time

1 week

Performing Laboratory Location

Rochester

Fees & Codes**Test Classification**

This test has been cleared, approved, or is exempt by the US Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information

KS-84132

NAS-84295

CL-82435
HCO3-82374
AGAP-NA
BUN-84520
CRTS1-82565
CA-82310
GLURA-82947
TP-84155
ALB-82040
AST-84450
ALP-84075
ALT-84460
BILIT-82247