

Overview

Useful For

Measuring the carboxy-tetrahydrocannabinol to creatinine ratio as a part of a profile

Method Name

Only orderable as part of a profile. For more information see THCCR / Carboxy-Tetrahydrocannabinol (THC-COOH) Confirmation and Creatinine Ratio, Random, Urine

Gas Chromatography-Mass Spectrometry (GC-MS) Confirmation with Quantitation

NY State Available

Yes

Specimen

Specimen Type

Urine

Specimen Required

Only orderable as part of a profile. For more information see THCCR / Carboxy-Tetrahydrocannabinol (THC-COOH) Confirmation and Creatinine Ratio, Random, Urine

Supplies: Urine Tubes, 10 mL (T068)

Collection Container Tube: Plastic urine container

Submission Container/Tube: 10 mL tube

Specimen Volume: 10 mL

Collection Instructions:

1. Collect a random urine specimen.
2. No preservative.

Additional Information:

1. No specimen substitutions.
2. STATS are **not** accepted for this test.

Specimen Minimum Volume

5 mL

Reject Due To

Gross hemolysis	OK
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Gross icterus	OK
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Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Urine	Refrigerated (preferred)	14 days	
	Frozen	14 days	
	Ambient	72 hours	

Clinical & Interpretive

Clinical Information

Delta-9-tetrahydrocannabinol (THC) is the active agent of the popularly abused/used drug, marijuana.

Following consumption of the drug, either by inhalation or ingestion, it is metabolized to a variety of inactive chemicals, one of them being delta-9-tetrahydrocannabinol carboxylic acid (carboxy-THC).

For confirmation of abstinence, urine analysis is a useful tool. The presence of carboxy-THC is a strong indicator that a patient has used marijuana. However, increases in urine carboxy-THC concentrations resulting from changes in urinary output may be mistakenly interpreted as new drug use rather than carryover from previous drug exposure. Individuals continue to excrete carboxy-THC for days after abstinence and although concentrations generally decrease with time, the concentrations can fluctuate with levels of hydration. As a result, the division of urinary carboxy-THC concentrations by creatinine produces a metabolite/creatinine ratio that should decrease until a new episode of drug use occurs. Carboxy-THC/creatinine ratios of specimens collected over time can be compared to determine if new marijuana use has occurred.

Reference Values

Only orderable as part of a profile. For more information see THCCR / Carboxy-Tetrahydrocannabinol (THC-COOH) Confirmation and Creatinine Ratio, Random, Urine

Negative

Cutoff concentration:

Carboxy-tetrahydrocannabinol by Gas Chromatography-Mass Spectrometry (GC-MS) <3.0 ng/mL

Interpretation

Carboxy-tetrahydrocannabinol (carboxy-THC) and creatinine concentrations must be obtained for at least 2 urine specimens with a known time interval (1-7 days) between collections. Using these creatinine-normalized carboxy-THC concentrations, a ratio is calculated between the concentration of any urine specimen (U2) divided by the concentration in a previously collected urine specimen (U1). The most conservative method for reporting new cannabis use between collections would apply a U2/U1 decision ratio equal to the maxima listed in Table 1. A more realistic decision ratio with reasonable certainty would be to use the 95% below limits in the same table. U2/U1 ratios above these limits would

indicate new usage between those collection time points.

Table 1. Adapted from Smith ML et al. for less than daily users of marijuana.(1)

Time interval between urine collections (hours)	Maximum ratio (U2/U1)	95% Below (U2/U1)
0-23.9	6.29	1.42
24-47.9	2.27	1.01
48-71.9	1.47	0.853
72-95.9	1.63	0.595
96-119.9	0.555	0.347
120-143.9	0.197	0.146
144-167.9	0.080	0.073

Cautions

No significant cautionary statements

Clinical Reference

1. Smith ML, Barnes AJ, Huestis MA: Identifying new cannabis use with urine creatinine normalized THCCOOH concentrations and time intervals between specimen collections. *J Anal Toxicol.* 2009 May;33(4):185-9. doi: 10.1093/jat/33.4.185
2. Huestis MA, Cone EJ: Differentiating new marijuana use from residual drug excretion in occasional marijuana users. *J Anal Toxicol.* 1998 Oct;22(6):445-54. doi: 10.1093/jat/22.6.445
3. Langman LJ, Bechtel L, Meier BM, Holstege CP: Clinical toxicology. In: Rifai N, Horwath AR, Wittwer CT, eds. *Tietz Textbook of Clinical Chemistry and Molecular Diagnostics.* 6th ed. Elsevier; 2018:832-887
4. Delaney MP, Lamb EJ: Kidney disease. In: Rifai N, Horwath AR, Wittwer CT, eds: *Tietz Textbook of Clinical Chemistry and Molecular Diagnostics.* 6th ed. Elsevier; 2018:1256-1323
5. Meeusen J, Rule A, Voskoboev N, Baumann N, Lieske J: Performance of cystatin C- and creatinine-based estimated glomerular filtration rate equations depends on patient characteristics. *Clin Chem.* 2015 Oct;61(10):1265-1272. doi: 10.1373/clinchem.2015.243030
6. Newman DJ, Price CP: Renal function and nitrogen metabolites. In: Burtis CA, Ashwood ER, eds. *Tietz Textbook of Clinical Chemistry.* 3rd ed. WB Saunders Company; 1999:1204-1270
7. Kasiske BL, Keane WF: Laboratory assessment of renal disease: clearance, urinalysis, and renal biopsy. In: Brenner BM, ed. *The Kidney.* 6th ed. WB Saunders Company; 2000:1129-1170

Performance

Method Description

This test includes immunoassay and confirmation with quantification by gas chromatography-mass spectrometry (GC-MS).(Unpublished Mayo method)

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

2 to 4 days

Specimen Retention Time

2 weeks

Performing Laboratory Location

Rochester

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed, and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the US Food and Drug Administration.

CPT Code Information

80349

G0480, if appropriate

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
THCCU	THC-COOH/Creatinine Ratio, U	19055-3

Result ID	Test Result Name	Result LOINC® Value
616334	Carboxy-THC by GC/MS	20521-1
616335	Carboxy-THC Interpretation	69050-3
616336	THC-COOH/Creatinine Ratio	19055-3