Overview

Useful For
Assessing nutritional status, especially in monitoring the response to nutritional support in the acutely ill patient

Method Name
Nephelometry

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required

Container/Tube:
Preferred: Serum gel
Acceptable: Red top

Specimen Volume: 1 mL

Additional Information: This is an immunologic protein measurement. For thyroxine-binding measurement of prealbumin, see TBPE / Thyroxine-Binding Protein Electrophoresis, Serum.

Specimen Minimum Volume
0.5 mL

Reject Due To

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Mild OK; Gross OK</th>
<th>Mild OK; Gross reject</th>
<th>Mild OK; Gross OK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemolysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Icterus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td>Refrigerated (preferred)</td>
<td>28 days</td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>28 days</td>
</tr>
<tr>
<td></td>
<td>Ambient</td>
<td>14 days</td>
</tr>
</tbody>
</table>
Clinical and Interpretive

Clinical Information

Prealbumin is synthesized in the liver and acts as a binding protein for thyroxine and retinol-binding protein.

The serum concentration of prealbumin reflects the synthesis capacity of the liver and is markedly diminished in malnutrition and other conditions.

Due to its short half-life of approximately 2 days, prealbumin can be used for monitoring the nutritional status and efficacy of parenteral nutrition.

Reference Values

19-38 mg/dL

Interpretation

Values of 0 to 5 mg/dL, 5 to 10 mg/dL, and 10 to 15 mg/dL indicate severe, moderate, and mild protein depletion.

Cautions

No significant cautionary statements

Clinical Reference


Performance

Method Description


PDF Report

No

Day(s) and Time(s) Test Performed

Monday through Saturday; Continuously until 3 p.m.

Analytic Time

1 day

Maximum Laboratory Time

2 days
Specimen Retention Time
14 days

Performing Laboratory Location
Rochester

Fees and 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 has been cleared or approved by the U.S. 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
84134

LOINC® Information

<table>
<thead>
<tr>
<th>Test ID</th>
<th>Test Order Name</th>
<th>Order LOINC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALB</td>
<td>Prealbumin (PAB), S</td>
<td>46130-1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result ID</th>
<th>Test Result Name</th>
<th>Result LOINC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALB</td>
<td>Prealbumin (PAB), S</td>
<td>46130-1</td>
</tr>
</tbody>
</table>