

# NT-proBNP

**CPT Code:** 83880

**Order Code:** C125

**ABN Requirement:** No

**Synonyms:** Brain Natriuretic Peptide; proBNP, N-terminal pro b-type natriuretic peptide

**Specimen:** Serum or EDTA Plasma

**Volume:** 0.5 mL

**Minimum Volume:** 0.2 mL

**Container:** Gel-barrier tube (SST, Tiger Top) or EDTA (Lavender Top) tube

## **Serum:**

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. Do not shake.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.

## **EDTA Plasma:**

1. Draw and gently invert 8 to 10 times.
2. Centrifuge for 10 minutes.
3. Pre-squeeze transfer pipet bulb and draw off approximately 2/3 of the upper plasma layer.  
**Note:** *This ensures that the buffy coat and red cells remain undisturbed.*
4. Aliquot plasma into labeled transport tube and cap tightly. Discard original tube.
5. Store transport tube refrigerated at 2-8°C until ready to ship.

**Transport:** Store serum or EDTA plasma at 2°C to 8°C after collection and ship the same day per packaging instructions included with the provided shipping box.

## **Stability:**

**Ambient (15-25°C):** 3 days

**Refrigerated (2-8°C):** 5 days

**Frozen (-20°C):** 30 days

**Causes for Rejection:** Specimens other than serum or EDTA plasma; improper labeling; samples not stored properly; samples older than stability limits

**Methodology:** Electrochemiluminescence Immunoassay (ECLIA)

**Turn Around Time:** 1 to 3 days

**Reference Range:**

Age	Reference Range	Units
0-74 years	<125	pg/mL
≥75 years	<450	pg/mL

**Clinical Significance:** This assay aids in the diagnosis of individuals suspected of congestive heart failure; is indicated for risk stratification of patients with acute coronary syndrome and congestive heart failure. Also aids in the assessment of increased risk of cardiovascular events and mortality for patients at risk of heart failure who have stable coronary artery disease.

**Limitations:** In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur.

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.*