


LIPOPROTEIN (A)
2630A/83695.1

QUICK REFERENCE

Effective March 16, 2021, the Lipoprotein (a) assay, performed in the Allina Health Laboratory Immunology laboratory, will become obsolete. The suggested alternative test is the Lipoprotein(a) assay, referred to LabCorp. This new test will be available on March 16th.

DETAILS

Test name:	Lipoprotein(a)
Test number:	14447
Excellian order number:	LAB14447
Abbreviation:	LPA
Alternate names:	Lpa
Tests included:	Quantitation of Lp(a)
Useful for:	Lp(a) determination is intended for use in conjunction with clinical evaluation, patient risk assessment, and other lipid tests to evaluate disorders of lipid metabolism and to assess coronary heart disease in specific populations.
Patient preparation information:	Intake of alcohol, aspirin, niacin, and estrogen supplements have the potential of causing a misrepresentation of true Lp(a) concentrations.
Specimen type:	Serum
Collection container:	Gold serum separator (SST) tube
	
Volume:	0.5 mL
Minimum volume:	0.2 mL
Processing instructions:	Spin to separate the serum from the cells within 2 hours of specimen collection.
Transport container:	Gold serum separator (SST) tube

QUESTIONS: Contact your Allina Health Laboratory account representative, or our Client Services department

Performing lab: LabCorp (120188): R-LC
Days set up: Mo - Sa
TAT: 2 - 4 days
Method: Immunoturbidimetric
Reference ranges: <75.0 nmol/L

Values ≥ 75.0 nmol/L may indicate independent risk factor for CHD.

Clinical information: Measurement of lipoprotein(a) is now recommended in several patient subgroups for whom excess lipoprotein(a) may have important clinical consequences: (1) patients with premature atherosclerosis, (2) patients with a strong family history of premature coronary heart disease (CHD), (3) patients with elevated LDL-C and greater than or equal to two risk factors, (4) patients who have had coronary angioplasty in whom lipoprotein(a) excess may increase the risk of restenosis, and (5) patients who have undergone coronary bypass graft surgery in whom Lp(a) excess may be associated with graft stenosis.

Lipoprotein(a) has been called a powerful predictor of premature atherosclerotic vascular disease. As an independent risk factor for premature coronary artery disease, excess Lp(a) concentrations are associated with an increased risk of cardiac death in patients with acute coronary syndromes and with restenosis after angioplasty (PTCA) and coronary bypass procedures. In general, concentrations greater than or equal to 75 nmol/L of Lp(a) in serum are associated with a two- to sixfold increase in risk, depending on the presence of other risk factors.

CPT codes: 83695

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