

Overview

Useful For

Aiding in the diagnosis of congestive heart failure using serum specimens

Testing Algorithm

For more information see [Amyloidosis: Laboratory Approach to Diagnosis](#)

Special Instructions

- [Amyloidosis: Laboratory Approach to Diagnosis](#)

Method Name

Electrochemiluminescence Immunoassay

NY State Available

Yes

Specimen

Specimen Type

Serum

Necessary Information

Patient's age and sex are required.

Specimen Required

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged, and the serum aliquoted into a plastic vial within 2 hours of collection.

Forms

[If not ordering electronically, complete, print, and send a Cardiovascular Test Request Form \(T724\)](#) with the specimen.

Specimen Minimum Volume

0.5 mL

Reject Due To

Gross hemolysis	Reject
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Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Frozen (preferred)	365 days	
	Refrigerated	7 days	

Clinical & Interpretive

Clinical Information

B-type natriuretic peptide (formerly brain natriuretic peptide: BNP) is a small, ringed peptide secreted by the heart to regulate blood pressure and fluid balance.(1) This peptide is stored in, and secreted predominantly from, membrane granules in the heart ventricles in a pro form (proBNP). Once released from the heart in response to ventricle volume expansion or pressure overload, the N-terminal (NT) piece of 76 amino acids (NT-proBNP) is rapidly cleaved by the enzymes corin and furin to release the active 32-amino acid peptide (BNP).(2)

Both BNP and NT-proBNP are markers of atrial and ventricular distension due to increased intracardiac pressure. The New York Heart Association (NYHA) developed a 4-stage functional classification system for congestive heart failure (CHF) based on the severity of the symptoms. Studies have demonstrated that the measured concentrations of circulating BNP and NT-proBNP increase with the severity of CHF based on the NYHA classification.

Reference Values

Males

0-2 day: 321-11,987 pg/mL

3-11 day: 263-5918 pg/mL

12 day-1 month: Not applicable

2 month-1 year: 37-646 pg/mL

2 years: 39-413 pg/mL

3 years-6 years: 23-289 pg/mL

7 years-14 years: < or =157 pg/mL

15 years-18 years: < or =158 pg/mL

19-39 years: <79 pg/mL

40-44 years: < or =72 pg/mL

45-54 years: < or =87 pg/mL

55-64 years: < or =88 pg/mL

> or =65 years: < or =540 pg/mL

Females

0-2 day: 321-11,987 pg/mL

3-11 day: 263-5918 pg/mL

12 day-1 month: Not applicable

2 month-1 year: 37-646 pg/mL
 2 years: 39-413 pg/mL
 3 years-6 years: 23-289 pg/mL
 7 years-14 years: < or =157 pg/mL
 15 years-18 years: < or =158 pg/mL
 19-39 years: <160 pg/mL
 40-44 years: < or =162 pg/mL
 45-54 years: < or =141 pg/mL
 55-64 years: < or =226 pg/mL
 > or =65 years: < or =540 pg/mL

Interpretation

Under 50 years of age:

N-terminal pro B-type natriuretic peptide (NT-proBNP) values below 300 pg/mL have a 99% negative predictive value for excluding acute congestive heart failure (CHF). A cutoff of 1200 pg/mL for patients with an estimated glomerular filtration rate (eGFR) below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. NT-proBNP values greater than 450 pg/mL are consistent with CHF in adults under 50 years of age.

50-75 years of age:

NT-proBNP values below 300 pg/mL have a 99% negative predictive value for excluding acute CHF. A cutoff of 1200 pg/mL for patients with an eGFR below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 900 pg/mL has been suggested for adults 50 to 75 years of age in the absence of kidney failure.

Over 75 years of age:

NT-proBNP values below 300 pg/mL have a 99% negative predictive value for excluding acute CHF. A cutoff of 1200 pg/mL for patients with an eGFR below 60 yields a diagnostic sensitivity and specificity of 89% and 72% for acute CHF. A diagnostic NT-proBNP cutoff of 1800 pg/mL has been suggested for adults over 75 years of age in the absence of kidney failure.

NT-Pro BNP levels are loosely correlated with New York Heart Association (NYHA) functional class (see Table).

Table. Interpretive Levels for CHF

Functional class	5th to 95th percentile	Median
I	31-1110 pg/mL	377 pg/mL
II	55-4975 pg/mL	1223 pg/mL
III	77-26,916 pg/mL	3130 pg/mL
IV	*	*
*In a Mayo Clinic study of 75 patients with CHF, only 4 were characterized as class IV. Accordingly, range and median are not provided.		

Cautions

Lack of N-terminal-pro B-type natriuretic peptide (NT-proBNP) elevations have been reported if congestive heart failure

is very acute (first hour) or occurs with ventricular inflow obstruction (eg, hypertrophic obstructive cardiomyopathy, mitral stenosis, atrial myxoma).

Clinical Reference

1. Januzzi JL, van Kimmenade RR, Lainchbury J, et al. NT-proBNP testing for diagnosis and short-term prognosis in acute destabilized heart failure: an international pooled analysis of 1256 patients: the international collaborative of NT-proBNP study. *Eur Heart J*. 2006;27(3):330-337. doi:10.1093/eurheartj/ehi631
2. van Kimmenade RR, Pinto YM, Bayes-Genis A, et al. Usefulness of intermediate amino-terminal pro-brain natriuretic peptide concentrations for diagnosis and prognosis of acute heart failure. *Am J Cardiol*. 2006;98(3):386-390. doi:10.1016/j.amjcard.2006.02.043
3. DeFilippi C, van Kimmenade R, Pinto YM. Amino-terminal pro-B-type natriuretic peptide testing in renal disease. *Am J Cardiol*. 2008;101(3A):82-88. doi:10.1016/j.amjcard.2007.11.029
4. Rifai N, Horwath AR, Wittwer CT, eds. *Tietz Textbook of Clinical Chemistry and Molecular Diagnostics*. 6th ed. Elsevier; 2018

Performance

Method Description

This is an automated, double-incubation sandwich assay. In the first incubation, antigen from the patient specimen reacts with biotinylated monoclonal sheep N-terminal pro brain natriuretic peptide (NT-proBNP) antibody and monoclonal NT-proBNP antibody labeled with ruthenium complex. During the second incubation, streptavidin-labeled microparticles are added, and the resulting complex is bound to the solid-phase via biotin-streptavidin interaction. The resulting reaction mixture is aspirated into the measuring cell where the microparticles are magnetically captured onto the surface of an electrode. Unbound substances are washed away. Voltage is then applied to the electrode, which induces chemiluminescent emission that is measured by a photomultiplier. Results are obtained by comparing this measurement against the calibration curve. The Roche E Modular NT-proBNP assay standardization is traceable to an internal Roche standard. Assigned values for calibrators are traceable to this standardization.

The Roche NT-proBNP assay is automated and more precise than the Biosite BNP assay used previously. In addition, in vitro NT-proBNP is more stable than BNP. (Package insert: ProBNP II, Roche Diagnostics; V 12.0. 07/2021)

PDF Report

No

Day(s) Performed

Monday through Sunday

Report Available

Same day/1 to 2 days

Specimen Retention Time

7 days

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 account representative. For assistance, contact [Customer Service](#).

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

83880

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
PBNP1	NT-Pro BNP, S	83107-3

Result ID	Test Result Name	Result LOINC® Value
PBNP1	NT-Pro BNP, S	83107-3