Assay Performance Data

Naam assay:	CT proAVP

Traceerbaarheid:	
Gekalibreerd naar	Eigen referentie preparaat firma
Referentie-interval of afkapgrenzen (pmol/l)	
Herkomst referentiewaarden	Referentiewaarden dan wel klinische afkappunten zijn afhankelijk van de vraagstelling. Hiervoor wordt vooralsnog verwezen naar de beschikbare wetenschappelijke literatuur. Early and Safe Rule Out of Acute Myocardial Infarction on admission with the first blood sample. A cut-off of Copeptin at 10 pmol/L is recommended to rule-out AMI in combination with a negative Troponin. A value of 10 pmol/L or above is considered as positive result.3,4 Efficiently assess the differential diagnosis of polyuria-polydipsia syndrome. Baseline Copeptin value of >21.4 pmol/L identify patients with Nephrogenic Diabetes Insipidus with 100% Sensitivity and Specificity.3 A second Copeptin measurement after fluid deprivation provides the following results: 2nd Copeptin (after Fluid Deprivation) <4,9 pmol/L >4,9 pmol/L Sensitivity 96% 94% Specificity 94% 96% Complete or partial central DI / Primary Polydipsia References (De documentatie zit in het Verificatieverslag V195) 1 Morgenthaler NG, Struck J, Jochberger S, Dünser MW, Copeptin: clinical use of a new biomarker. Trends in Endocrinology and Metabolism 2008; 19 (2): 43-9 2 Möckel M, Searle J, Hamm C, Slagman A, Blankenberg S, Huber K, Katus H, Liebetrau C, Müller C, Muller R, Peitsmeyer P, von Recum J, Tajsic M, Vollert JO, Giannitsis E. Early discharge using single cardiac troponin and copeptin testing in patients with suspected acute coronary syndrome (ACS): a randomized, controlled clinical process study. Eur Heart J. 2015 Feb 7; 36(6): 369–376 3 Timper K, Fenske W, Kühn F, Frech N, Arici B, Rutishauser J, Kopp P, Allolio B, Stettler C, Müller B, Katan M, Christ-Crain M. Diagnostic Accuracy of Copeptin in the Differential Diagnosis of the Polyuriapolydipsia Syndrome: A Prospective Multicenter Study. J Clin Endocrinol Metab. 2015 Jun; 100(6):2268-74

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	4 Roffi M, Patrono C, Collet JP, Mueller C, Valgimigli M, Andreotti F, Bax JJ, Borger MA, Brotons C, Chew DP, Gencer B, Hasenfuss G, Kjeldsen K, Lancellotti P, Landmesser U, Mehilli J, Mukherjee D, Storey RF, Windecker S. 2015 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: Task Force for the Management of Acute Coronary Syndromes in Patients Presenting without Persistent ST-Segment Elevation of the European Society of Cardiology (ESC). Eur Heart J. 2015 Aug 29; doi: http://dx.doi.org/10.1093/eurheartj/ehv320 5 Winzeler B, Zweifel C, Nigro N, Arici B, Bally M, Schuetz P, Blum CA, Kelly C, Berkmann S, Huber A, Gentili F, Zadeh G, Landolt H, Mariani L, Müller B, Christ-Crain M. Postoperative Copeptin Concentration Predicts Diabetes Insipidus After Pituitary Surgery. J Clin Endocrinol Metab 2015; http://dx.doi.org/10.1210/jc.2014-4527
Stabiliteit monster	
Kamertemperatuur 4 °C -20 °C	Ja/~~Nee~~ , termijn 7 dagen Ja/~~Nee~~, termijn 14 dagen Ja/~~Nee~~, termijn 4 maanden
Detectielimieten (pmol/l)	
LoD (Limit of Detection) LoQ (Limit of Quantitation)	0.68 1.08
Imprecisie (pmol/l)	
Concentratie (1.20) Concentratie (9.78) Concentratie (37.9)	CV (%): 11.9 CV (%): 2.5 CV (%): 2.3
Meetbereik (pmol/l)	
Meetbereik	Loopt van concentratie 0.68 tot 500 Eventueel: Automatische verdunning loopt tot 2000 Uitslagen < 0.68
Extern QC programma	
(Inter)nationaal extern QC programma	SKML hormonen in serum

* Doorhalen wat niet van toepassing is.

Ingevuld door: EH	Datum: 13-11-2026

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