MAYO CLINIC LABORATORIES

Test Definition: CYCPK

Cyclosporine, Peak, Blood

Reporting Title: Cyclosporine, Peak, B
Performing Location: Rochester

Necessary Information:

Date of last dose, time of last dose, and dosage information are required.

Specimen Requirements:

Container/Tube: Lavender top (EDTA)
Specimen Volume: 3 mL
Collection Instructions:
1. Do not centrifuge.
2. Send whole blood specimen in original tube. **Do not aliquot.**
Additional Information: No definitive therapeutic or toxic ranges have been established for this peak testing.

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:
-Renal Diagnostics Test Request (T830)
-Therapeutics Test Request (T831)

Specimen Type	Temperature	Time	Special Container
Whole Blood EDTA	Refrigerated (preferred)	14 days	
	Ambient	14 days	
	Frozen	14 days	

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
CYCPK	DATEC	Date of last dose	Plain Text	Yes
CYCPK	TIMEC	Time of last dose	Plain Text	Yes
CYCPK	DOSEC	Dose, mg	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
42398	Cyclosporine, Peak, B	Numeric	ng/mL	53834-8
DATEC	Date of last dose	Alphanumeric		29742-4
TIMEC	Time of last dose	Alphanumeric		29637-6
DOSEC	Dose, mg	Alphanumeric		4207-7

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

80158

Reference Values:

No definitive therapeutic or toxic ranges have been established.

Optimal blood drug levels are influenced by type of transplant, patient response, time posttransplant, coadministration of other drugs, and drug formulation.

The following 2-hour postdose cyclosporine ranges are only suggested guidelines:
Kidney transplant: 800-1700 ng/mL
Liver transplant: 600-1000 ng/mL

Target steady-state peak concentrations vary depending on the type of transplant, concomitant immunosuppression, clinical/institutional protocols, and time posttransplant. Results should be interpreted in conjunction with this clinical information and any physical signs/symptoms of rejection/toxicity.