Effective August 26, 2014, the clinical laboratory will switch methodologies for the Insulin assay. The switch will be from the Siemens ADVIA Centaur Chemiluminescent Immunoassay to the Abbott ARCHITECT i1000 Chemiluminescent Microparticle Immunoassay (CMIA).

The comparison studies between the ARCHITECT and the Centaur methods showed differences, with the ARCHITECT method producing slightly lower values overall. Please note new reference ranges below.

Sample Requirements:

Collect: SST (gold top) or plain red top serum, 4 mL.

Patient Preparation: FASTING

Storage/Transport: Deliver at room temperature to the laboratory for processing. If delivery to the lab will be delayed, then centrifuge and separate the serum from the gel or cells ASAP. Transport refrigerated at 2-8°C.

Stability: Separated serum - refrigerated 2-8°C for up to 7 days, or frozen at -10°C for longer storage.

Minimum volume: 0.5 mL serum; (absolute minimum – only pipettable once – 0.3 mL serum)

Unacceptable Conditions: Samples other than serum or samples not held at correct temperature. It is recommended that hemolyzed samples not be used, since degrading enzymes present in red blood cells may decrease insulin levels.

Reference Interval for Fasting Sample: 2.0 – 22.1 uU/mL

Additional Information: No cross-reactivity was shown with extremely high levels of Proinsulin, C-Peptide, and Glucagon added to the test samples.

Routine Testing: T & Th, dayshift in the Special Chemistry section at the Clinical Lab’s STC location.

If you have questions or need additional information please contact Laboratory Client Services at (916) 734-7373 or email pathologyclientservices@ucdmc.ucdavis.edu.