

Pathology and Laboratory Medicine Memorandum

To: Central Zone Healthcare Providers and Health Service Directors
From: Dr. Amy Lou, Director of Core Chemistry Lab, NSH- CZ
Dr. Steven Soroka, Director of NS Renal Program
Date: June 28, 2023
Subject: **Changes in Reporting Urine Protein and Urine Albumin**

Effective July 18, 2023 the following changes in reporting of urine protein and urine albumin will be implemented.

For Urine Protein- to ensure reporting units are consistent with Kidney Disease Improving Global Outcomes (KDIGO) recommendations and avoid confusion in interpretation:

1. Reporting units for urine protein will change from g/L to mg/L. Consequently, reporting units for U PCR (Urine Protein to Creatinine Ratio) will change from g/mmol to mg/mmol and 24- hour urine protein from g/TV to mg/TV, removing the reliance on the decimal place.
2. The flag for abnormal UPCR results will be adjusted to 24 mg/mmol as per KDIGO guidelines.
3. The following comment on all UPCR reports will be included: “For evaluation of preeclampsia in pregnant persons, the Society of Obstetrics and Gynaecologists of Canada (SOGC) recommends a cut-off of 30 mg/mmol.”

For Urine Albumin to Creatinine Ratio (U ACR)- to avoid confusion in interpretation of U ACR results when urine albumin is below or above the reporting limits, U ACR will no longer be reported as ‘incalculable’, Instead:

- When urine albumin is below the detection limit (< 5 mg/L), U ACR will be reported as ‘normal’.
- When urine albumin value is above the reporting limit (> 2000 mg/L), U ACR will be reported as ‘high’ with a comment of: “see U PCR result”. U PCR testing will be reflexed automatically in these cases, and the result will be reported.

For any questions please contact Dr. Amy Lou 902- 473- 1528 Amy.Lou@nshealth.ca