



In-Common Laboratories

Head Office: 57 Gervais Drive
North York, Ontario M3C 1Z2
(416) 422-3000
Toll Free: (888) 285-7817
www.ICLabs.ca

ICL-QC
57 Gervais Drive
North York, ON M3C 1Z2
Canada
Fax: (416) 385-1957

Patient Name
TEST, COPEPTIN

Order ID
523223

Health Number

ICL Login Date (mm/dd/yyyy)
08/11/2023 10:44AM EDT

Authorized Requester
ICL, ICL

Sex
U

Date of Birth (mm/dd/yyyy)
01/01/1898

Client's File No.

Report Printed
08/14/2023 4:12PM EDT

Copeptin, Plasma/Serum

Sample ID: LON230811003

Final - Received 08/14/2023 3:30PM EDT

Collection Date/Time (mm/dd/yyyy)
08/11/2023 10:44AM EDT

Order Choice Plasma
Comments:

TEST	RESULT	FLAG	NORMAL/THERAPEUTIC RANGE	UNITS	TEST SITE
Copeptin,P	125.0			pmol/L	LON
Copeptin Interpretation	See Interp				LON

ADULT (>=18 YEARS):
Reference Interval (Non-Stimulated, Non-Fasting): <13.1 pmol/L (Keller T et al., JACC 2010; 55(19):2096-2106)

Nephrogenic Diabetes Insipidus (DI):
Baseline copeptin >=21.4 pmol/L in adults with polyuria-polydipsia syndrome had 100% sensitivity (sens) and specificity (spec) (Timper K et al., JCEM 2015; 100(6):2268-2274)

Central DI:
* Following hypertonic saline infusion, copeptin <=4.9 pmol/L identified complete/partial central DI (vs. primary polydipsia (PP)) with 93% sens and 100% spec (Fenske W et al., NEJM 2018; 379:428-439)
* At 60 min following arginine stimulation, copeptin <=3.8 pmol/L identified complete/partial central DI (vs. PP) with 93% sens and 92% spec (Winzeler B et al., Lancet 2019; 394(10198):587-595)

PEDIATRIC (<18 YEARS):
Reference Interval (Non-Stimulated, Non-Fasting): <14.5 pmol/L (Du J-M et al., Peptides 2013; 45:61-65)
Copeptin may be elevated at birth (<3 days) with perinatal stress (Burckhardt M-A et al., JCEM 2014; 99(9):E1750-E1753)

Baseline Copeptin in Children with Polyuria-Polydipsia Syndrome:
Nephrogenic DI: >20 pmol/L
For central DI, <=3.5 pmol/L had 100% sens and 87% spec (so central DI excluded at >3.5 pmol/L); <=1.1 pmol/L had 29% sens and 100% spec (so PP excluded)
(Bonnet L et al., ClinEndo 2022; 96:47-53)

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Stimulated Copeptin in Children (e.g. Arginine, Water Deprivation, or Hypernatremia):
 Complete Central DI: <=3.5 pmol/L
 Partial or Complete Central DI: <=4.9 pmol/L
 Sens 88-100%, spec 66-80% (Binder G et al., ClinEndo 2023; 98:548-553; Tuli G et al., ClinEndo 2018; 88:873-879; Al Nofal A et al., JPEM 2023; 36(5):492-499)

Reporting Laboratories:

(1) LON-London, London Health Sciences Centre, 339 Windermere Road, London, ON N6A 5A5,

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