Creatinine (Urine) (UCR)

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TEST OVERVIEW

Test Name	Creatinine (Urine)
Test Code	UCR
Short Description	UCREAT

OVERVIEW

Test Name	Creatinine (Urine)
Test Code	UCR
Category	Urine Biochemistry
TAT	Main Lab: 4, Hour(s) Family Site: <4hrs
Specimen(s)	1 x Urine - 20 mL Sterile Urine container - Red - Urine Random No Preservative

SPECIMEN(S)

Urine Random No Preservative

Specimen Type	Urine Random No Preservative
Specimen Format	Sterile Urine container
Specimen Colour	Red
Specimen Volume	20 mL
Sampling Order	0
Origin	Urine
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Urine Random HCL Urine Random Boric Acid Urine 24H-HCL

TAT	Main Lab: 4, Hour(s) Family Site: <4hrs
Test Stability	Room Temp: 3 Day(s) 2–8°C: 3 Day(s)

CLINICAL INFORMATION

Creatinine

Methodology	-
Specimen Type	Urine Random No Preservative
Delay before pre-treatment	-
Transport Temperature	15-25°C
Transport Stability at room temp	3 Day
Transport Stability at 2–8°C	3 Day
Haemolysis interference	No

Clinical Interest

Creatinine is the end product of creatine metabolism. Creatine is present primarily in muscle, and the amount of creatinine produced is related to total skeletal muscle mass. Daily creatinine production is fairly constant except when there is massive injury to muscle.

The kidneys excrete creatinine very efficiently, and blood levels and daily urinary excretion of creatinine fluctuate very little in healthy, normal people. The clinical significance of the urine creatinine assay arises from its role in assessing kidney function, detecting metabolic disorders, and adjusting urine tests for concentration variability.

Creatinine is a waste product of muscle metabolism that is filtered by the kidneys and excreted in urine.

Urine creatinine is commonly used in various clinical settings for several purposes, including **assessing kidney function**, evaluating muscle mass, and correcting urine concentrations of other substances. Urine creatinine is often used in conjunction with serum creatinine to estimate the glomerular filtration rate (GFR), a key measure of kidney function. A 24-hour urine collection for creatinine can provide a more accurate estimate of GFR compared to serum creatinine alone.

In patients with **chronic kidney disease (CKD)**, measuring urine creatinine can help monitor the **progression of the disease**. A declining urine creatinine level may indicate worsening kidney function.
Urine Albumin-to-Creatinine Ratio (UACR): The UACR is a widely used test that measures albumin levels in urine relative to creatinine levels. This ratio helps detect and monitor kidney damage, particularly in diabetic patients at risk for diabetic nephropathy.

Urine creatinine is used in drug monitoring to evaluate whether drug excretion is occurring as expected. Abnormal levels can indicate altered drug metabolism or excretion, which may require dose adjustments.

Urine creatinine can help assess a patient's hydration status. High urine creatinine levels might indicate dehydration, whereas low levels may suggest overhydration or impaired kidney function. This is especially relevant in critically ill patients or in conditions that affect fluid balance, such as heart failure or severe infections.

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PATIENT INFORMATION

Clinical Information Required	-

Patient Collection Notes

24-hour urine collection:

- On the first day, on waking, eliminate the first urine in the toilet (note the date and time).
- For the next 24 hours, collect all the urine from the day and night, including that from the next morning when you get up at the same time.
- Recap and store the container between 2 and 8 degrees C. between each micturition.
- Note the date and time of the end of micturition on the bottle.
- Be sure to close the container securely for transport.
- Bring all the urine to the laboratory as soon as possible after collection.

COMMENTS & NOTES

LOINC Code	683-7, 14683-7
Outwork	No