

Urea (UREA)

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20 May 2026 03:55



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TEST OVERVIEW

Test Name	Urea
Test Code	UREA
Short Description	Urea

OVERVIEW

Test Name	Urea
Test Code	UREA
Category	Biochemistry
TAT	Main Lab: 4 Hour(s) Family Site: <4hrs
Specimen(s)	1 x Venous blood - 5 mL Tube - Gold - SST-Serum Separator Tube

SPECIMEN(S)

SST-Serum Separator Tube

Specimen Type	SST-Serum Separator Tube
Specimen Format	Tube
Specimen Colour	Gold
Specimen Volume	5 mL
Sampling Order	2
Origin	Venous blood
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Lithium Heparin Plasma Sodium Heparin Plasma Serum

	EDTA Plasma Sodium Fluoride Plasma
TAT	Main Lab: 4 Hour(s) Family Site: <4hrs
Test Stability	Room Temp: 7 Day(s) 2–8°C: 7 Day(s)

CLINICAL INFORMATION

Urea

Methodology	-
Specimen Type	SST-Serum Separator Tube
Delay before pre-treatment	24
Transport Temperature	15-25°C
Transport Stability at room temp	7 Day
Transport Stability at 2–8°C	7 Day
Haemolysis interference	No

Clinical Interest

The **Urea** is a waste product produced by the liver when the body breaks down proteins and is excreted by the kidneys.

High urea levels may indicate impaired kidney function. Urea is a key marker in diagnosing and monitoring **chronic kidney disease** and acute kidney injury.

In patients with known kidney disease, urea levels are regularly monitored to assess disease progression and the effectiveness of treatments. Elevated urea levels can occur in the context of dehydration. When the body is dehydrated, the kidneys conserve water by reabsorbing more of it, resulting in a higher concentration of urea in the blood. Conversely, low urea levels can occur in hyperhydration, when excessive fluid intake dilutes urea concentration in the blood.

The liver is responsible for converting ammonia, a by-product of protein metabolism, into urea. Low urea levels can be a sign of serious liver dysfunction. This can be seen in conditions such as **cirrhosis of the liver** or acute liver failure.

Elevated urea levels can result from a high-protein diet, where increased breakdown of dietary protein leads to greater urea production. An increase may also be seen in catabolic conditions where there is muscle breakdown, such as severe **infections, burns or trauma**, reflecting increased protein breakdown in the body.

For patients on dialysis, blood urea levels are used to monitor the effectiveness of dialysis treatment. Urea levels before and after dialysis are used to assess the efficiency of urea elimination from the blood, enabling the frequency or intensity of dialysis to be adjusted.

PATIENT INFORMATION

Clinical Information Required	-
Patient Collection Notes	-

COMMENTS & NOTES

LOINC Code

664-7, 22664-7

Outwork

No