Creatine Kinase MB (CK-MB) (CKMB)

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TEST OVERVIEW

Test Name	Creatine Kinase MB (CK-MB)
Test Code	CKMB
Short Description	CKMB

OVERVIEW

Test Name	Creatine Kinase MB (CK-MB)
Test Code	CKMB
Category	POC Cardiac
TAT	Main Lab: 6, 2, 48 Hour(s) Family Site: <8hrs, <6hrs, <2hrs, 2 Days
Specimen(s)	1 x Venous blood - 5 mL Tube - Green - Lithium Heparin Whole Blood 1 x - - 5 mL Tube - Gold - SST

SPECIMEN(S)

Lithium Heparin Whole Blood

Specimen Type	Lithium Heparin Whole Blood
Specimen Format	Tube
Specimen Colour	Green
Specimen Volume	5 mL
Sampling Order	3
Origin	Venous blood
Collection time after baseline	-
Transport Temperature	-
Accepted Other Specimens	Lithium Heparin Plasma Sodium Heparin Plasma

	Serum EDTA Plasma
TAT	Main Lab: 6, 2, 48 Hour(s) Family Site: <8hrs, <6hrs, <2hrs, 2 Days
Test Stability	Room Temp: 4 Hour(s) 2–8°C: 8 Hour(s)

SST

Specimen Type	SST
Specimen Format	Tube
Specimen Colour	Gold
Specimen Volume	5 mL
Sampling Order	2
Origin	-
Collection time after baseline	-
Transport Temperature	-
Accepted Other Specimens	Lithium Heparin Plasma Sodium Heparin Plasma Serum EDTA Plasma
TAT	Main Lab: 6, 2, 48 Hour(s) Family Site: <8hrs, <6hrs, <2hrs, 2 Days
Test Stability	Room Temp: 4 Hour(s) 2–8°C: 8 Hour(s)

CLINICAL INFORMATION

CKMB

Methodology	-
Specimen Type	Lithium Heparin Whole Blood SST
Delay before pre-treatment	-
Transport Temperature	-
Transport Stability at room temp	4 Hours
Transport Stability at 2–8°C	8 Hours
Haemolysis interference	No

Clinical Interest

CK-MB is a specific isoenzyme of creatine kinase (CK) mainly present in cardiac muscle, although it is also found in lesser quantities in skeletal muscle.

CK-MB has historically been used as one of the main markers for diagnosing myocardial infarction. In the event of myocardial

damage, such as a heart attack, damaged heart cells release CK-MB into the bloodstream. A significant rise in

CK-MB is therefore indicative of cardiac damage.

CK-MB begins to rise in the blood around 4 to 6 hours after the onset of a heart attack, peaks at 12 to 24 hours and returns to normal within 48 to 72 hours. These kinetics are useful for diagnosing recent infarctions or for detecting infarct recurrences.

When total CK is elevated, the CK-MB assay can be used to determine whether the elevation originates mainly from the heart or skeletal muscle. A high proportion of CK-MB (relative to total CK) suggests a cardiac origin.

When a patient presents with chest pain, the CK-MB assay, although largely replaced by cardiac troponins, may still be used in some contexts to help differentiate a cardiac cause from chest pain of non-cardiac origin.

PATIENT INFORMATION

Clinical Information Required	-
Patient Collection Notes	-

COMMENTS & NOTES

LOINC Code	551-5, 49551-5, 13969-1
Outwork	No