


**Dialysis Adequacy KT/V, Fluid**

Order Name: **KT/V Fluid**  
Test Number: 2017400  
Revision Date: 05/03/2021

| TEST NAME                              | METHODOLOGY | LOINC CODE |
|--|-------------|------------|
| Creatinine Clearance Dialysis Effluent |             |            |
| Urea Clearance Dialysis Effluent       |             |            |

| SPECIMEN REQUIREMENTS |  |                              |                    |                       |
|-----------------------|--|------------------------------|--------------------|-----------------------|
| Specimen              | Specimen Volume (min)  | Specimen Type                | Specimen Container | Transport Environment |
| Preferred             | See Instructions   | Dialysis Effluent and Serum  | See Instructions   | Refrigerated          |
| Alternate 1           | See Instructions   | Dialysis Effluent and Plasma | See Instructions   | Refrigerated          |
| Instructions          | <b>Collect Both Dialysis Effluent and Serum/Plasma from Patient</b><br>10 mL (3.0) Dialysis Effluent Fluid and Serum Collect both: Dialysis Effluent Fluid in Sterile Container -and- Clot Activator SST -or- Lithium Heparin PST (Light Green Top) Storage and Transport: Refrigerated<br>Serum or Plasma is needed for calculations in clearance results. Blood samples can be collected when Dialysis Effluent Fluid container is returned. Refrigerate urine during and after collection. Record volume in mL on the specimen container. Include height and weight of patient.<br>Specimen stability: Ambient 24 hours, Refrigerated 6 days. |                              |                    |                       |

| GENERAL INFORMATION |  |
|---------------------|--|
| Testing Schedule    | Mon-Fri  |
| Expected TAT        | 1-3 Days   |
| Clinical Use        | KT/V is an equation used by nephrologists to determine the adequacy of hemodialysis or peritoneal dialysis<br>K – dialyzer clearance of urea<br>T – dialysis time<br>V – volume of distribution of urea, approximately equal to patient's total body water |
| CPT Code(s)         | 82575, 84545, 84157  |
| Service Provided By |  <b>labcorp</b><br>Oklahoma, Inc.   |