

# Vasopressin

## General:

CT-pro-vasopressin (copeptin) is formed from the C-terminal part of the pro-hormone of vasopressin (ADH) and is released by processing of the pro-hormone together with vasopressin in equimolar amounts. The physiological significance of copeptin is largely unknown. Copeptin behaves identically to vasopressin during changes in osmolality and volume. The endocrinological evaluation of copeptin corresponds to that of vasopressin. Approximately 90% of vasopressin is bound to thrombocytes, which results in lower measurable concentrations of vasopressin as the thrombocyte-bound vasopressin is removed during centrifugation or if the sample is stored too long before centrifugation. Because of this and the significantly higher stability, even at low osmolalities plausible results can be obtained for copeptin.

Indication: Polyuria, exsiccosis, electrolyte deficiency

Material: 1 ml serum

TAT: 7-10 days\*

Method: FIA

Units: pmol/l

Ref.- range: Osmolality (mosmol/kg H<sub>2</sub>O) / Copeptin (pmol/l)

270-280 / 0.81-11.6

281-285 / 1.0-13.7

286-290 / 1.5-15.3

291-295 / 2.3-24.5

296-300 / 2.4-28.2

Note: Values below 2.6 pmol/l (after 8 hours of restricted fluid intake) point to diabetes insipidus centralis.

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit <http://www.fml-dubai.com/parameter-listings/>