Patient Name	:	Bill Date	:
DOB/Age/Gender	:	Sample Collected	:
Patient ID / UHID	:	Sample Received	:
Referred By	:	Report Date	:
Sample Type	:	Barcode No	:
Client	:	Report Status	:

Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY REPORT

Tacrolimus

Tacrolimus	2.6	ng/mL	Refer Interpretation

Method : EDTA Whole Blood, CMIA

Interpretation:

Kidney Transplant Recipients	Ranges for Trough Level (ng/ml)
1 month post transplant	12-15 ng/mL
2 to 3 months post transplant	10-12 ng/mL
4 to 6 months post transplant	5-10 ng/mL
Above 6 months in selected patients	<5 ng/mL
In Liver Transplant Recipients	5-20 ng/mL
Heart Transplant Recipients	
Pediatric	
0 – 12 months post transplant	10 - 15
>12 months post transplant	5 - 10
Adult	
0 – 3 months post transplant	10 - 15
3 – 6 months post transplant	8 - 12
6 – 12 months post transplant	6 - 12
>12 months post transplant	6 - 10

Comment

Tacrolimus has been shown to be effective for the treatment of organ rejection following transplantation. Tacrolimus binds to a family of proteins termed FK506 binding proteins (FKBPs). The formation of a larger pentameric complex comprised of FKBP, tacrolimus, calmodulin and calcineurins A and B results in the inhibition of the phosphatase activity of calcineurin. The distribution of tacrolimus between whole blood and plasma depends on several factors such as hematocrit, temperature of separation of plasma, drug concentration, and plasma protein concentration. Tacrolimus is extensively metabolized in the liver and small intestine microsomes utilizing the cytochrome P-450 enzymes.

Tacrolimus results can show variations depending on following reason

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Medical Laboratory Director
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Test Description	Value(s)	Unit(s)	Reference Range

- Different Route of administration, Time of collection
- Time after transplant, Type of allograft.
- Different amount & time of dosage, Drug distribution which inturn depends on hematocrit & plasma proteins concentration.
- Different drug company, Other co-morbid medical conditions, Concomitant use of immunosuppression & other drugs that inhibit (calcium channel blockers, antifungal agents, some antibiotics) or induce (anticonvulsants, rifampin) metabolism for tacrolimus.
- Different test methodologies can yield different results, it is advisable to monitor the drug levels using the same testing method & laboratory.

Abbreviation : CMIA : Chemiluminescence Microparticle Immunoassay

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