



Pathology and Laboratory Medicine



# **Orderable - LIPIDS**

Turn Around Time: 24 hours

## Alternate Name(s):

Cholesterol, Triglyceride, HDL, LDL



#### Laboratory: Core Lab



#### Requisition:

**GENERAL LABORATORY REQUISITION** 



#### Method of Analysis: See individual tests:

Cholesterol, Trigylcerides, HDL & LDL



#### **Test Schedule:**

As required

# **Specimen:**

Adult	Pediatric	
4.5 mL Green top	0-2 years: 0.5 mL Green	
Vacutainer tube	Microtainer	
	2-10 years: 1 mL Green top tube	

# **Collection Information:**

Collect blood aseptically in a Vacutainer tube.

Patient must be fasting at least 12 hours.



See reference ranges and interpretive comments for individual tests.

Increased risk of cardiovascular disease at triglycerides level greater than 2.0 mmol/L; increased risk of acute pancreatitis at triglycerides level greater than 10.0 mmol/L (Lancet 2014;384:626-635).

## **Interpretive Comments:**

Cholesterol target levels are dependent upon patient 10-year risk of coronary artery disease (Can J Cardiol 2016). "Cardiovascular Age" and the Framingham Risk Score (FRS) calculation is provided at https://www.ccs.ca/en/resources/calculators-forms

**Table Treatment Thresholds and Target Lipid Levels\*** 





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# LIPID PROFILE

Risk Level	Initiate therapy if:	Primary Target LDL-C	Alternate Target
High			800
FRS ≥20%	Consider treatment in all patients	<2.0 mmol/L or <50% decrease LDL-C	Apo B <0.8 g/L Non HDL-C
			<2.6 mmol/L
Intermediate			
FRS 10%-19%	LDL-C ≥3.5 mmol/L	<2 mmol/L or >50% decrease in	Apo B <0.80 g/L
	Apo B ≥1.2 g/L or Non- HDL-C ≥4.3 mmol/L	LDL-C	Non HDL-C <2.6
<u>Low</u>			
FRS <10%	LDL-C ≥ 5.0 mmol/L Familial hypercholest erolemia	>50% decrease in LDL-C	

FRS: Framingham Risk Score

2016 Canadian Cardiovascular Society Guidelines for the management of dyslipidemia for the prevention of cardiovascular disease in the adult. Can J Cardiol. 2016;32:1263-82