

Cystatin C Referral Indications☐ **Low muscle mass**

- Above-knee amputee, or multiple amputee
- Para/quadrilegics
- Extended hospital stay with immobilization
- Genetic conditions affecting muscle function/development (e.g. Duchenne Muscular Dystrophy)

☐ **Suspected creatinine assay interference unrelated to supplement use (e.g. creatine)**

- Withhold all supplements for a minimum of 4 days prior to re-testing Cr

☐ **Patient is prescribed medication affecting active tubular secretion of creatinine**

- Amantadine
- Cobicistat
- Dolutegravir
- Olaparib (Lynparza®)

Cystatin C Referral - Patient Requirements☐ BMI <31☐ Normal TSH/FT4☐ No active hyper-inflammatory/autoimmune conditions☐ No history of acromegaly☐ Not taking rHGH or any other anabolic steroids☐ Not on a high dose corticosteroid

- Renal transplant recipients must be on lowest dose for at least 2 weeks for results to be clinically useful.

References:

1. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Int.* 2024. 105(4): S117-314.
2. Pierre CC, et al. AACC/NKF Guidance Document on Improving Equity in Chronic Kidney Disease. 2023. *J Appl Lab Med.* 8(4): 789-816.
3. Sze L, et al. Impact of growth hormone on cystatin C. 2013. *Nephron Extra.* 3: 118-124.
4. Wiesli P, et al. Serum Cystatin C is Sensitive to Small Changes in Thyroid Function. *Clin Chim Acta.* 2003. 338(1): 87-90.
5. Bokenkamp A, et al. Effect of Corticosteroid Therapy on Serum Cystatin C and β 2-Microglobulin Concentrations. *Clin Chem.* 2002. 48: 1123-1126