

## Myoglobin

### Acceptable Tube Types



<b>Alternate Name:</b>	None	
<b>Performing Lab:</b>	New Hanover	
<b>Specimen Container:</b>	Yellow serum separator tube, or green tube (lithium heparin), or red top tube	
<b>Minimum Volume Required:</b>	1.0 mL	
<b>Testing Availability</b>	<b>Routine:</b>	24 hours/day
	<b>Stat:</b>	Yes
<b>Turnaround Time:</b>	<b>Routine:</b>	4 hours
	<b>Stat:</b>	< 1 hour
<b>Special Handling:</b>	None	
<b>Patient Preparation:</b>	None	
<b>Specimen Stability:</b>		
<b>Reference Range:</b>	10.5 – 92.5 ng/mL	
<b>Critical Value:</b>	N/A	
<b>CPT Code:</b>	83874	
<b>Testing Methodology:</b>	Two-site Sandwich Immunoassay	
<b>Causes for Specimen Rejection:</b>	Improper labeling	
<b>Other Comments:</b>		
<b>Clinical Significance:</b>	Diagnose skeletal or myocardial muscle injury. Serum myoglobin is generally detectable earlier than is CK or CK-MB increase in patients with acute myocardial infarction. <sup>1</sup> Serum myoglobin was found also in 50% of patients with acute coronary insufficiency. It is thought to define a population of small infarcts of myocardium. It correlates with size of infarct. Myoglobin appears with trauma, ischemia, malignant hyperthermia, exertion, dermatomyositis, polymyositis, and muscular dystrophy.	