

Aldosterone & Renin Testing

Commencing **July 2, 2025**, the Special Chemistry section of the clinical laboratory at William Beaumont University Hospital will perform **Aldosterone** and **Direct Renin** testing on the DiaSorin Liaison XL chemiluminescent platform. Information about each test is provided below.

- Clinical utility:
Aldosterone and Direct Renin measurements are intended for use in the diagnosis of primary aldosteronism. Calculating the ratio of aldosterone to direct renin is preferred when screening for hyperaldosteronism.

- Test Codes & Reference Intervals

- a. [Aldosterone](#)

Epic test code: LAB 1230656

- Aldosterone concentration is affected by posture prior to blood collection and sodium intake. High sodium intake tends to suppress aldosterone, whereas low sodium intake will elevate aldosterone. The reference intervals are based on normal sodium intake.

Posture	Aldosterone (ng/dL)
Upright	4.0-31.0
Supine	≤ 16.0
Unspecified	≤ 31.0

- b. [Renin, Direct](#)

Epic test code: LAB1230657

- Direct renin concentration is affected by posture prior to blood collection.

Posture	Age	Renin, Direct (pg/mL)
Upright	≤ 40	4.2-52.2
Upright	> 40	3.6-81.6
Supine	≤ 40	3.3-33.2
Supine	> 40	2.5-45.1

- c. [Aldosterone & Direct Renin Ratio](#)

Epic test code: LAB1230661

- The report for this test will include aldosterone & renin measurements, along with the calculated ratio.
 - A ratio greater than 3.7 is considered abnormal and suggestive of primary hyperaldosteronism.

- Specimen collection requirements for all three orderable tests indicated above:

- a. Collect **one lavender-top EDTA tube**.
 - b. Centrifuge tube at room temperature.
 - c. Transfer EDTA plasma to an appropriately labeled aliquot tube and immediately freeze. Transport frozen.

For additional information, access the Laboratory Test Directory at:

<http://beaumontlaboratory.com/test-lab-directory>

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