

## **LAB136 T3, Total**

---

BMC

### **Performing Location(s)**

BMC

### **Specimen Type**

Serum

### **Preferred Container**

Gold or Red top tube

### **Storage Requirements**

Sample tubes should be centrifuged within 2 hours of collection

Gold tops DO NOT ALIQUOT

Aliquot Red tops

See Causes of Rejection for temperature requirements.

### **Minimum Volume to Submit for Testing**

1 mL Serum

Multiple test can be performed from this volume.

For question please contact the lab at 547-3975.

### **Transportation Needs**

Deliver specimen to laboratory within 1 hour of collection if unspun.

If not possible see "Storage Requirements".

### **Causes for Rejection**

Mislabeled or unlabeled specimen

Less than 50% draw for vacutainer tubes

> 48 hours refrigerated

> 8 hours room temperature

> 6 month frozen

Hemolysis > 1000 mg/dL HgB

Lipemia > 1800 mg/dL Trig

Bilirubin > 10 mg/dL Bili

EDTA, NaF, Oxalate

High levels of Biotin

> 400 mg/dL Cholesterol

### **Reference Values**

<b>Population</b>	<b>Units</b>	<b>Reference Range</b>
All populations	ng/dL	79.0-149.0

### Additional Information

Thyroid function tests are ordered whenever there is suspected thyroid disease or for the management of patients on replacement therapy. The introduction of sensitive thyrotropin (sTSH) in the early 1990's has transformed thyroid function testing from thyroxine-based strategies to sTSH strategies. The American Thyroid Association (ATA) and the National Academy of Clinical Biochemists (NACB) have recommended that serum sTSH level be the first test, complemented by an appropriate free thyroxine (FT4) estimate. This strategy represents the best and most efficient combination of blood tests for diagnosis and follow-up of most patients with thyroid disorders.

T3 is recommended for patients with suppressed sTSH and normal FT4. T3 is not recommended in patients with normal or increased sTSH.

Most thyroid testing is performed on out-patients. The ATA does not recommend thyroid screening in sick hospitalized patients, unless clinically significant thyroid disease is suspected.

This reflexive protocol has been approved by Drs. Hughes and Rockwell.

Accordingly, the Bassett Healthcare Clinical Laboratories will be providing reflexive thyroid function testing using the following algorithm.

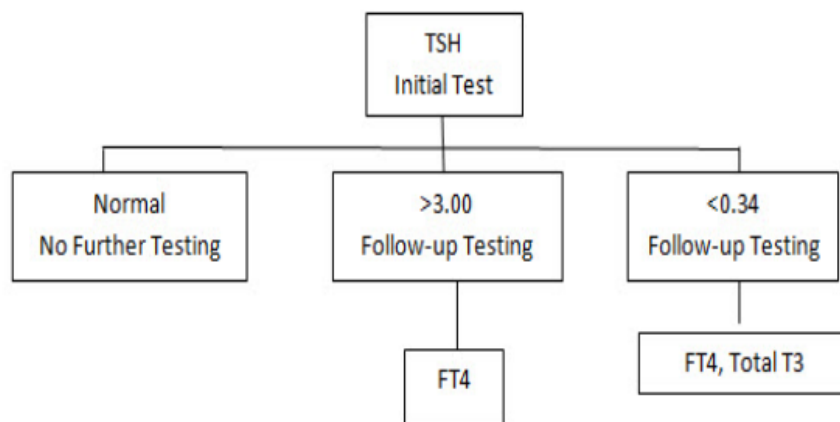
If the TSH is normal, no further testing will be performed. (CPT 84443 will be billed)

If the TSH is  $> 3.00$ , a FT4 will be performed (CPT 84439 will be billed)

If the TSH is  $< 0.34$ , a FT4 will be performed (CPT's 84439 and 84480 will be billed)

If the TSH is  $< 0.34$  and FT4 is normal, than a TT3 will be performed (CPT's 84439, 84480, and 84443 will be billed)

A TSH will be performed. Subsequent/Additional testing will be performed based on the following algorithm.



### Available STAT

Yes

**Methodology**

Beckman AU/Dx Series

**CPT Code**

84480