

## LAB127 T4, Free

BMC

### Performing Location(s)

BMC

### Specimen Type

Serum

### Preferred Container

Gold or Red top tube

### 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.

### Storage Requirements

Sample tubes should be centrifuged within 2 hour of collection followed by transfer of the serum (red or gold top) or plasma (green top) to a labeled plastic, aliquot tube.

See Causes of Rejection for temperature requirements.

### 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 months 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

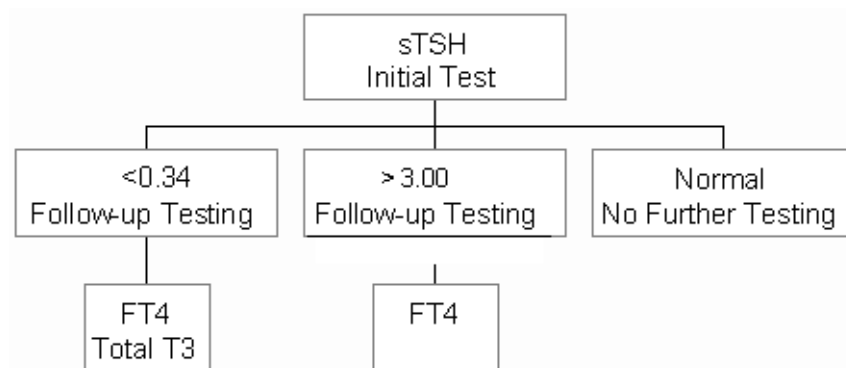
Population	Units	Reference Range
All populations	ng/dL	0.6-1.3

### Additional Information

### Reflexive Thyroid Testing Protocol:

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.

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



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 algorithm has been approved by Endocrinology.

### Available STAT

Yes

### Methodology

Beckman AU/Dx Series

### CPT Code

84439