

LAB129 Thyroid Stimulating Hormone (TSH)

BMC, FOX, FTT, CRH, LFH, OCH

Performing Location(s)

BMC, FOX, FTT, CRH, LFH, OCH

Specimen Type

Serum

Preferred Container

Gold or Red top tube

Minimum Volume to Submit for Testing

0.5 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 hours of collection

Gold tops DO NOT ALIQUOT

Aliquot Red tops

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

> 7 day refrigerated

> 18 hours room temperature

> 3 months frozen

Hemolysis > 1000 mg/dL HgB

Lipemia > 3300 mg/dL Trig

Bilirubin > 40 mg/dL Bili

Reference Values

Population	Units	Reference Range
Newborn - 1 month	uIU/mL	0.80 - 10.00
General (> month old)	uIU/mL	0.41-4.50

Additional Information

Reflexive Thyroid Testing Protocol

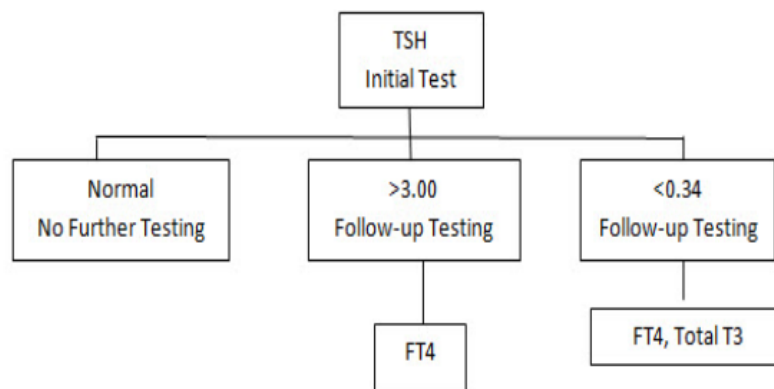
Thyroid function tests are ordered whenever there is suspected thyroid disease or for the management of patients on replacement therapy. The introduction of sensitive thyrotropin (sTSH) in the early 1990's has transformed thyroid function testing from thyroxine-based strategies to sTSH strategies. The 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 if in Thyroid crisis

Methodology

Beckman AU/Dx Series

CPT Code

84443