



Free T3 Requesting and Oestradiol Reporting

Falsely Elevated Free T3

We have noticed a number of isolated and elevated FT3 results. A mildly elevated FT3 is often seen in teenagers and adolescents and is probably “normal” in this age group. Isolated, elevated and unexplainable FT3 is sporadically seen in other patients. As best we can tell this doesn't seem to be related to the laboratory, assay used, or any interfering substance. Aside from very rare conditions, these results don't appear to be clinically relevant.

The conundrum of an isolated (and unexplainable) elevated FT3 is avoided by requesting FT3 only when indicated.

Pathlab strongly recommends following the BPAC guidelines:

FT3 (and FT4) is automatically added by Pathlab when TSH is < 0.3 mU/L.

FT4 is automatically added by Pathlab when TSH is > 4 mU/L.

Do not request FT3 when monitoring T4 supplementation, request TSH only.

Do not request FT3 in asymptomatic patients.

FT3, FT4 and TSH is indicated when investigating suspected thyrotoxicosis, or during treatment of hyperthyroidism.

FT4 and TSH should be requested in patients with possible pituitary disease.

Oestradiol Reporting

After reviewing the performance of our Oestradiol method we have determined that the lower reportable limit should be raised to '200 pmol/L'. In future, we will report all results with a value less than 200 pmol/L as '<200 pmol/L'

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