

Tests Requiring Pathologist Approval

Laboratory investigations are helpful when performed at the correct time and for the correct reason. The following tests are either labour intensive and / or expensive and of uncertain clinical use when performed outside the listed indications. Listing the indications for the test (or brief history) on the request form is very useful and will help with the approval process. No reasonable requests will be declined.

1,25 OH Vitamin D

Unexplained hypercalcaemia in adults
Investigation of Rickets & osteomalacia in selected cases.

Di-hydrotestosterone

Investigation of ambiguous genitalia

IgF BP3

Investigation of impaired growth in children.
No indication for IgFBP3 testing in adults.

Urinary cortisol

Suspicion of Cushing's syndrome is present.
No role when investigating possible adrenal insufficiency.

MMA

Is not a first line investigation for B12 deficiency. This investigation will be considered in unexplained neurological symptoms and an increased probability of functional B12 deficiency.

e.g. Unexplained abnormal CBC's

Elderly

If in doubt, discuss with Chemical pathologist

Thiamine

Neurological symptoms or heart failure not already explained

Vitamin B6

Isolated deficiency is very rare.

Epilepsy, anaemia (unexplained), dermatitis, cheilosis and glossitis with risk factors for deficiency - there are a number of drugs that may decrease B6.

25 OH Vitamin D

Rickets, osteomalacia or myopathy.

The following tests will very rarely be approved due to ethical dilemmas (Apo E) and / or lack of usefulness of the test:

Apo E genotype

Salivary progesterone

Co-enzyme Q10 (CoQ10)

Salivary testosterone

Urine iodine

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CLINICAL UPDATE