

## **Local Laboratory Guidelines for Add-on Testing**

### **Add on testing:**

- 1. Laboratories should have a robust mechanism and SOP for adding on retrospective tests.**
- 2. Laboratories should ensure sample integrity, storage conditions and stability of analytes have not been compromised when adding on tests.**

### **Repeat Testing:**

- 1. Thyroid Function Tests may be repeated every 4 weeks to 3 months.**

(2006 British Thyroid Association Guidelines for the use of Thyroid Function Tests)

- 2. HbA1c levels should be measured at 2–6-monthly intervals except in pregnancy, when once monthly measurement is appropriate.**

(2009 NICE Guidelines: Type 2 Diabetes, 2008 NICE guidelines for diabetes in pregnancy)

- 3. Ferritin measurements in patients with HFE Haemochromatosis should not be repeated more frequently than once every 3 months. Repeat measurement of ferritin is unnecessary in anaemic patients with iron deficiency.**

(2010 EASL Guidelines: HFE Haemochromatosis, 2006 Best Practice in Primary care Pathology Guidelines)

- 4. Serial measurements of CRP, 24h apart, are recommended in the immediate postnatal period when infection is suspected. Serial measurements of CRP may be useful in neutropaenic adults.**

(2001 Clinical Chemistry: Serial Measurements of C-Reactive Protein and Interleukin-6 in the Immediate Postnatal Period, 2009 BMJ Guidelines: How to Use: C-reactive Protein, 1995 Prospective study of daily measurement of C-reactive protein in serum of adults with neutropaenia)

- 5. Repeat measurement of 25-hydroxyvitamin D is recommended every 2-3 months in Vitamin D deficient patients on treatment. In CKD patients, frequency of repeat measurements will depend on clinical circumstances.**

(2010 BMJ Best Practice Guidelines: Vitamin D deficiency, 2008 NICE Guidelines for Chronic Kidney Disease)

- 6. Repeat measurement of B12 and folic acid is unnecessary in patients with anaemia due to B12 and folate deficiency.**

(CKS Guidelines: Anaemia- Vitamin B12 and Folate deficiency)

- 7. Repeat serum and urine electrophoresis in myeloma patients is generally not recommended more frequently than once every 3 months, except when determining pre and post-stem cell treatment levels.**

(2010 UK Myeloma Forum Guidelines on the Diagnosis and Management of Multiple Myeloma)

#### **Reflex Testing:**

- 1. All labs should offer T4 and TSH together as a first-line thyroid function test.**
- 2. Due to ethical and legal concerns, any lab considering a reflex test should contact the requesting clinician to obtain consent, before the test is added on.**
- 3. In the event that the clinician cannot be contacted, a comment should be added to recommend a reflex test or repeat sample as appropriate.**