

THYROID DISORDER TESTING UPDATE— revised 4/2/15

Effective 4/1/15, St. John Providence Laboratory will be making the following changes in thyroid testing:

- **New test-TSH with reflex to Free T4.** If TSH is outside of the reference range, the free T4 will automatically be added (TSH and FT4 may still be ordered individually).
- **Discontinuing-T3 Uptake, Total T4, Thyroid panel and FTI Index** that have been previously offered, due to non-recommended components.

If ordered:

- Thyroid Panel and FTI Index will be changed to a TSH and Free T4***
- T4 will be changed to a Free T4***
- The T3-uptake will only be available as miscellaneous order and will be sent out.***

The preferred initial test for thyroid function screening is thyroid stimulating hormone (TSH). If the TSH results are abnormal, a follow-up free T4 test should be performed (1,2).

Total T3 does not have a role in routine thyroid assessment and should be reserved for cases where there is an abnormal TSH test result in association with a normal free T4 and a clinical impression of possible thyroid disease. The free T3 test is rarely necessary and usually adds no diagnostic utility.

The use of T3 uptake, reverse T3, and the combination of T3 uptake and total T4 for screening and routine management are discouraged and not recommended in current guidelines. Use of assays for total T4, T3 uptake, free T3, or reverse T3, as well as excessive use of total T3, may also lead to false-negative, false-positive, and ambiguous diagnoses.

Please see the attached Thyroid Disorders Testing algorithm for more complete information.

1. Clinical Practice Guidelines for Hypothyroidism in Adults: Cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association. *Endocr Pract* 2012; 18(No 6) 989.
2. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. *Thyroid*. 2011 Oct 21 (10) 1081-1125.