Heart Of England Foundation Trust Laboratory Medicine **Thyroid Function Test Authorising Guideline Not On Treatment** If fT₄ and/or fT₃ are normal, repeat If fT₃ is increased,? toxic depending on clinical $fT_3 > 5.7 \text{ pmol/L}$ symptoms, suggest symptoms. Results suggest repeat in 1 month. hyperthyroidism, fT₃ normal, suggest suggest referral referral to endocrine to endocrine team. team. TSH 0.1-0.4 mU/L TPO Antibodies High Add fT₄ and fT₃. Monitor annually TSH 5-10 mU/L Repeat in 3 months with $TSH < 0.1 \, mU/L$ TPO antibodies. Not on fT₄ (in primary care Do not suggest TPO more likely to be normal. antibodies in those > 65 **treatment** subclinical Add fT₃ yrs. hyperthyroidism, in hospital more likely to be NTI). **TPO Antibodies Low** Monitor 3 yearly unless patient becomes symptomatic. TSH >10 mU/L TSH >10 mU/L fT4 < 9 pmol/LHypothyroid. $fT_4 > 19 \text{ pmol/L}$ Hyperthyroid, if not on Thyroxine – refer to endocrine team. fT₄ 9-11 pmol/L fT₄ 11-19 pmol/L Repeat in 3 months with Mild thyroid failure, suggest repeat in 3 fT₄ after excluding NTI months to confirm. and drugs.