



FT3 Requests and Withdrawal of Red Cell Folate

Free T3 (FT3) Requests

While FT3 is the biologically active form of thyroid hormone, FT3 results are only informative in the setting of hyperthyroidism or thyrotoxicosis. Measuring FT3 in a euthyroid patient or when taking T4 is not helpful.

In fact we see patients with falsely high FT3 results, due to interference with the test method and this can lead to inappropriate, unnecessary and expensive further investigation.

Therefore, from 1st July 2014 Pathlab will not be perform requests for FT3 but will re-add FT3 if TSH is low, as per BPAC guidelines. FT4 will also be added if TSH is either low or high. For the majority of patients, TSH is the most appropriate test to request. The laboratory can be contacted if there is another indication for FT3 testing

Withdrawal of Red Cell Folate

In theory, RBC-Folate is the ideal marker of folate status. Developing red blood cells take up folate via folate receptors but once red blood cells are released from the bone marrow there is no further uptake of folate. RBC-Folate is therefore not affected by recent folate intake.

Serum folate levels 'spike' for 1 – 3 hours after intake of folate supplementation but serum folate should not be measured in this setting. The increase in serum folate following food intake is thought to be less marked. Serum folate levels take 8 weeks to stabilise following modification of dietary intake, reflecting long term folate intake.

Measurement of red cell folate is complex, being affected by, for example Vitamin B12 status and polymorphisms in enzymes involved in folate metabolism. These and other factors limit the reliability of RBC-Folate results.

Available evidence suggests serum folate provides equivalent (perhaps better) information compared with RBC-Folate.

Following consultation with the local haematologist and with the approval from the CLCGG, it has been decided **to withdraw red cell folate measurement as from the 1st of July 2014.**

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