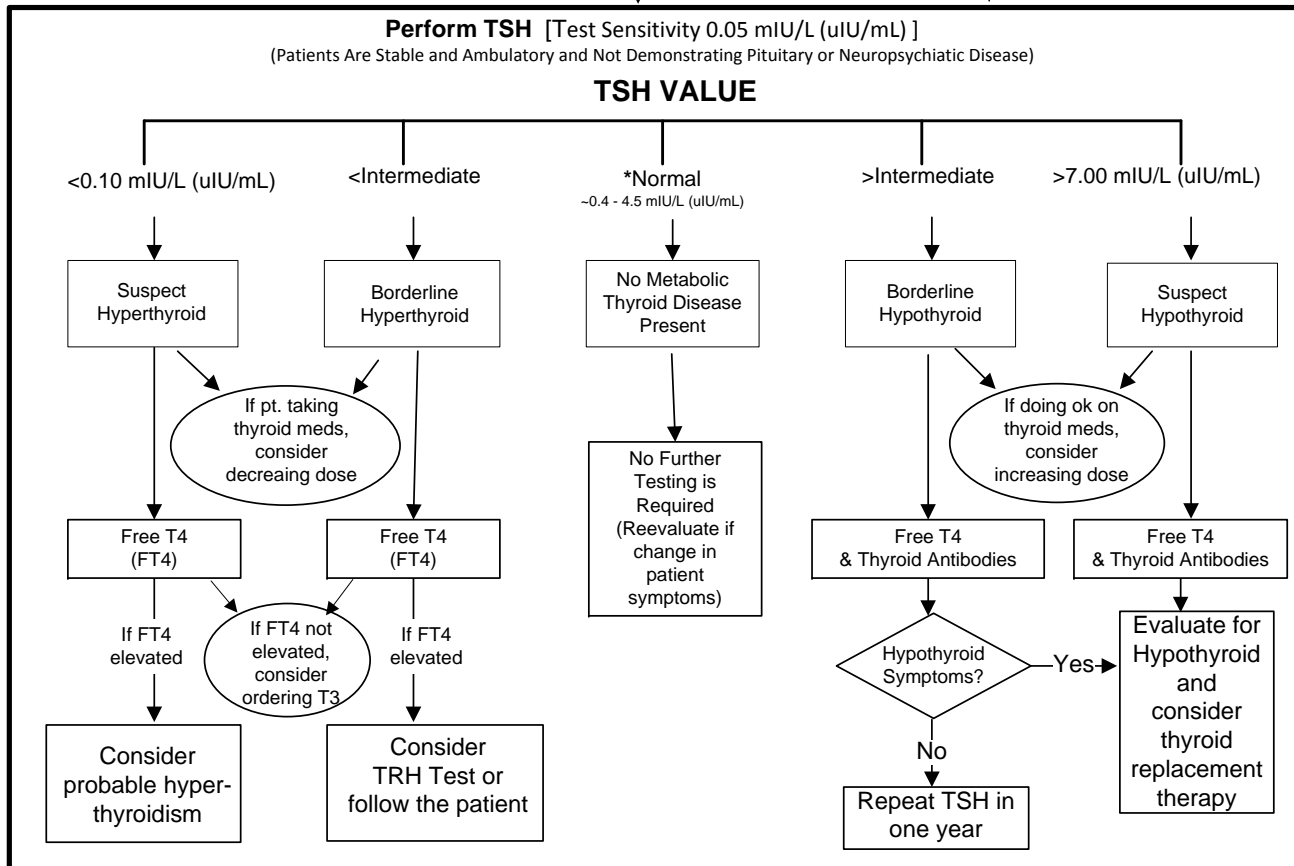
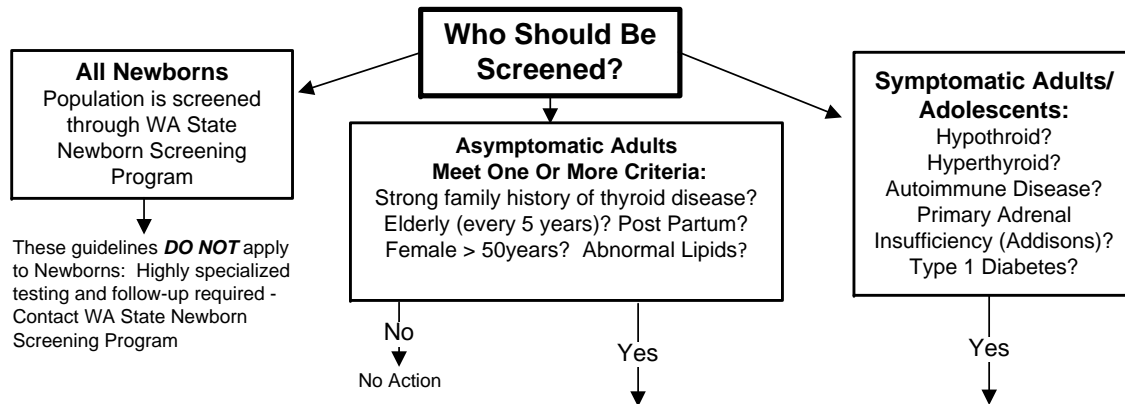


# THYROID SCREENING GUIDELINES

Washington State Clinical Laboratory Advisory Council to the Washington State Department of Health  
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## FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.



**NOTE:** If the following disease state(s) exist, it is recommended that the disease itself be treated and the patient returned to a stable ambulatory state before initiating screening:

- Neuropsychiatric Disorder
- Pituitary Disease (Ablation, Surgery, Tumor)
- Terminal Patients
- High Dose Steroids & Dopamine

### References:

1. Klee GG, Hay ID. BioChemical Thyroid Function Testing. Mayo Clinic Interpretive Handbook 2001.
2. Feldkamp, C.S. Thyroid Testing Algorithms. Clinical Laboratory News, 10/97.
3. Klee GG, Hay ID. BioChemical Testing of Thyroid Function. Endocrinol Metab Clin North AM 26;763-775, 1997.
- \*4. American Thyroid Assn & National Academy of Biochemist Practice Guidelines <http://www.aacc.org.aacc/members/nacb/LMPG/OnlineGuide/PublishedGuidelines/ThyroidDisease/>
- \*5. Fatourechi, V., et. al. Effects of Reducing the Upper Limit of Normal TSH Values, JAMA vol 290, no. 24, 2003.

\*Reference #4 & 5 discuss the debate over lowering the TSH upper limit from 5.0 to 3.0 mIU/L (uIU/mL) to diagnose subclinical hypothyroidism.