SJH CENTRE FOR LABORATORY MEDICINE & MOLECULAR PATHOLOGY				
Edition No.:	07	Biochemistry	Doc No: WI-BIO-0227	
Authorised By	Collette Collison	Date: 28.09.22	Date of Issue: 28.09.22	

Serum Indices

	Direction			Interference			
	Conj. Bili.	Haemolysis	Lipaemic	Icteric		Lipaemic	
Analyte	Interference	interference	Interference	Index as	Haemolytic	Index as	
2 Mary te				conj	Index as	Intralipid	
				Bilirubin	Hb (SI	(without	
				(SI units)	units)	units)	
				µmol/l	µmol/l	Turbidity	↑ Over-recovery
ACTH	n/a	n/a	n/a	428	250	1500	
Albumin	\leftrightarrow	\leftrightarrow	Ļ	1026	621	550	↓ Under-recovery
Alkaline phosphatase	\downarrow	↓	\leftrightarrow	1026	124	2000	↓↑ Variable recovery
ALT	\downarrow	$\downarrow\uparrow$	\leftrightarrow	1026	56	150	
AFP	n/a	n/a	n/a	1112	1400	1500	\leftrightarrow recovery within 10%
Amikacin	\leftrightarrow	\leftrightarrow	\leftrightarrow	855	621	2000	of initial conc.
Amylase	\leftrightarrow	\leftrightarrow	\leftrightarrow	1026	310	1500	* Results may be
AMH	n/a	n/a	n/a	1129	621	1000	available at lower levels
AST	\leftrightarrow	1	\leftrightarrow	1026	26	150	of haemolysis
Bicarbonate	\leftrightarrow	\downarrow	\leftrightarrow	1026	373	1800	
Calcitonin	n/a	n/a	n/a	1128	124	2000	
Calcium	\leftrightarrow	\leftrightarrow	\leftrightarrow	1026	621	1000	
Carbamazepine	\leftrightarrow	\leftrightarrow	\leftrightarrow	855	621	2000	
Ca 125	n/a	n/a	n/a	1129	2000	2000	** Difficult to
CA 15-3	n/a	n/a	n/a	1112	1900	1500	determine exact extent
CA 19.9	n/a	n/a	n/a	1129	1400	1500	of inference. Could lead
CEA	n/a	n/a	n/a	1129	1400	1500	to overestimation or
Chloride	\leftrightarrow	\leftrightarrow	\leftrightarrow	1026	621	2000	underestimation
Cholesterol	\downarrow	<u>↑</u>	\leftrightarrow	274	435	2000	
Cholinesterase	\leftrightarrow	<u>↑</u>	\leftrightarrow	1026	435	1000	
Conjugated Bilirubin	n/a	\downarrow	\leftrightarrow	NA	16	750	
Coritsol	n/a	n/a	n/a	428	311	1500	
C-PEP	n/a	n/a	n/a	855	186	2000	
Creatine kinase	\leftrightarrow	<u>↑</u>	\leftrightarrow	1026	62	1000	
Creatinine (Enzymatic)	\downarrow	\leftrightarrow	\leftrightarrow	342	497	2000	
Crosslap	n/a	n/a	n/a	1112	300	1500	
CRP	\leftrightarrow	\downarrow	\leftrightarrow	1026	622	1000	
Digoxin	\leftrightarrow	\leftrightarrow	\leftrightarrow	1129	621	1500	
E2	n/a	n/a	n/a	1129	621	1000	
Ethanol	↓	\leftrightarrow	↓	1026	124	500	
FT4	n/a	n/a	n/a	701	621	2000	
FPSA	n/a	n/a	n/a	1112	621	1500	
FSH	n/a	n/a	n/a	1094	621	1900	
Cedia Gentamicin	\leftrightarrow	\leftrightarrow	Ļ	512	373	1000	
GGT (conj/unconj)	\leftrightarrow	Ļ	\leftrightarrow	855	124	700	
Glucose	\leftrightarrow	\leftrightarrow	\leftrightarrow	1026	621	1000	
HCG	n/a	n/a	n/a	410	621	1400	
HDLC	↑	\leftrightarrow	\leftrightarrow	1026	745	1200	
INS	n/a	n/a	n/a	1539	15*	1800	
Iron	\leftrightarrow	↑	\leftrightarrow	1026	125	1500	
Lactate dehydrogenase	\leftrightarrow	│	Ļ	1026	10*	900	
LH	n/a	n/a	n/a	1129	621	1900	
Lithium	↑	↑	\leftrightarrow	633	621	2000	
Magnesium	\leftrightarrow	↑	\leftrightarrow	1026	496	2000	
Osteocalcin	n/a	n/a	n/a	1112	15	1500	
P1NP	n/a	n/a	n/a	1112	62	2000	
Paracetamol	**	**	**	427	93	1200	
Phenytoin	\leftrightarrow	\leftrightarrow	Ţ	855	621	800	
Phosphate	↑	↑	↑ ↑	684	186	800	
Potassium	\leftrightarrow	<u>↑</u>	\leftrightarrow	1026	54*	2000	
Pro BNP	n/a	n/a	n/a	428	621	1500	
Prolactin	n/a	n/a	n/a	513	932	1500	
Progesterone	n/a	n/a	n/a	923	621	200	
Procalcitonin	n/a	n/a	n/a	625	559	1500	
PTH	n/a	n/a	n/a	1129	93	1500	
SACE	n/a	n/a	n/a	600	77	125	
Salicylate	\leftrightarrow			393	497	200	
Sodium	\leftrightarrow	\leftrightarrow	\leftrightarrow	1026	621	2000	
T3	n/a	n/a	n/a	599	1200	1800	
Theophylline	11/ a ↔	11/ a ↔	11/a	855	621	300	
Troponin T (HS)	n/a		n/a	428	62*	1500	

Ref.: LP-BIO-0003

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Total bilirubin	n/a	\downarrow	Ļ	NA	497	1000
Total protein	\downarrow	\leftrightarrow	\leftrightarrow	342	311	2000
Triglyceride	\downarrow	<u>↑</u>	n/a	171	434	NA
TSH	n/a	n/a	n/a	701	621	1500
TPSA	n/a	n/a	n/a	1112	1400	1500
TT4	n/a	n/a	n/a	633	1400	2500
UIBC	\downarrow	↑	\leftrightarrow	1026	25	300
Urate	\downarrow	\leftrightarrow	\leftrightarrow	684	621	1500
Urea	\leftrightarrow	\leftrightarrow	\leftrightarrow	1026	621	1000
Valproate	\leftrightarrow	\leftrightarrow	\downarrow	513	311	500
Vancomycin	\leftrightarrow	\leftrightarrow	\leftrightarrow	1026	622	1000
Vit D	n/a	n/a	n/a	1129	373	300

Mild Haemolysis

If the tests requested are affected by haemolysis levels ≥ 10 but ≤ 49 then the sample is considered to have Mild haemolysis. All results will be available but it is advisable to interpret AST, LDH, UIBC and DBIL with caution.

Moderate Haemolysis

If the tests requested are affected by haemolysis levels \geq 50 but \leq 99 then the sample is considered to have Moderate haemolysis. Results will not be available for AST, LDH, UIBC or DBIL. Results for Potassium, Troponin T (HS) and CK can also be affected by this level of haemolysis but WILL BE reported.

Severe Haemolysis

If the tests requested are affected by haemolysis levels ≥ 100 then the sample is considered to have Severe haemolysis. All tests will be NA'ed at their appropriate level, as per table above.

*Paracetamol

Haemolysis has a variable impact on Paracetamol levels that could lead to an overestimation or underestimation of specific laboratory results. It is difficult to determine the exact extend of interference. Paracetamol will therefore be reported at three different levels only. It is important to emphasise that these values are a rough guideline only and a repeat sample for paracetamol is strongly advised.

Paracetamol Result:	Reported as:
<5 mg/L	<5 mg/L
5-29 mg/L	<30 mg/L
≥30 mg/L	>29 mg/L

** Potassium

Haemolysis can cause a positive interference in the analysis of serum potassium (K), thus causing a potential overestimation of the result. Please note that in moderately haemolysed samples Potassium above the ref range will only be reported as >5.3mmol/L. Similarly, Potassium results in haemolysed samples below the reference range will be reported only as either <3.5mmol/L or <3.0mmol/L, as appropriate.

***Troponin T (HS)

Haemolysis can produce a negative interference in the analysis of plasma Troponin T (HS) thus causing a potential underestimation of the actual result. Therefore please note that while a result for Troponin T (HS) will be reported in a moderately haemolysed sample, this may not represent the true value for that sample and the taking of a repeat sample for plasma Troponin T (HS) is strongly advised. Any Troponin T(HS) result ≤ 14 ng/L in a moderately haemolysed sample WILL NOT be reported due to the risk of underestimation.