

TEST	INTERFERENCE	DETAILS
<b>GENPROBE APTIMA HPV</b>	POLYQUATERNIUM 15	PERSONAL LUBRICANTS CONTAIN CONCENTRATIONS GREATER THAN 0.025%
	TIOCONAZOLE	ANTI-FUNGAL CREAM CONTAINING CONCENTRATIONS GREATER THAN 0.075%
<b>GENPROBE APTIMA COMBO 2(CT/GC)</b>	NO INTERFERING SUBSTANCES	
<b>FOCUS HERPES SELECT 1 AND 2 IGG</b>	HYPERLIPEMIC HEAT-INACTIVATED HEMOLYZED CONTAMINATED SERA	
<b>HIV</b>	NO INTERFERING SUBSTANCES	
<b>HERPES CULTURE</b>	CREAMS OINTMENTS LOTIONS ICE ALCOHOL BETADINE SOLUTION ZINC SITZ BATH	REDUCE VIRAL YIELD SIGNIFICANTLY REDUCE VIRAL YIELD SIGNIFICANTLY REDUCE VIRAL YIELD SIGNIFICANTLY REDUCE VIRAL YIELD SIGNIFICANTLY REDUCE VIRAL YIELD SIGNIFICANTLY REDUCE VIRAL YIELD SIGNIFICANTLY REDUCE VIRAL YIELD SIGNIFICANTLY REDUCE VIRAL YIELD SIGNIFICANTLY
<b>COLORZYME ANA, DSDNA, AND ENA SCREEN</b>	HEMOLYSIS ICTERIC LIPEMIA MICROBIAL GROWTH	MAY CAUSE ABERRANT RESULTS MAY CAUSE ABERRANT RESULTS MAY CAUSE ABERRANT RESULTS MAY CAUSE ABERRANT RESULTS
<b>HEMA-SCREEN SPECIFIC</b>	CERTAIN MEDICATIONS	MAY CAUSE GASTROINTESTINAL IRRITATION RESULTING IN OCCULT BLEEDING (FALSE POSITIVES)

<b>PT</b>	CLOT	
	LIPEMIA	
	HYPERBILIRUBINEMIA	
	TRUBIDITY	
	ORAL ANTICOAGULANTS	DEPRESS THE PRODUCTION OF FACTORS II, VII, IX, X
COMMONLY ADMIN DRUGS	MAY AFFECT PT RESULTS	
	IMPROPER STORAGE TEMP	MAY AFFECT PT RESULTS
<b>PTT</b>	ESTROGEN THERAPY	CONJUGATED ESTROGEN THERAPY IN MALES CAUSE SHORT APTT
	ORAL CONTRACEPTION	IN FEMALES CAUSE SHORT APTT
	DIPHENYLHYDANTOIN	MAY INCREASE APTT
	HEPARIN	MAY INCREASE APTT
	WARFARIN	MAY INCREASE APTT
	NALOXONE	MAY INCREASE APTT
	RADIOGRAPHIC AGENTS	MAY INCREASE APTT
	HEMOLYZED	MAY AFFECT RESULTS
	LIPEMIC	MAY AFFECT RESULTS
	CHROMOGENIC	MAY AFFECT RESULTS
	BLOOD CLOTING FACTOR DEFICIENCIES	PRODUCE PROLONGED APTT VALUES MAY BE COMPENSATED & APPEAR NORMAL BY ELVATED LEVELS OF ONE OR MORE DIFFERENT CLOTTING FACTORS
	IMPROPER STORAGE TEMP	MAY AFFECT PTT RESULTS
	<b>XN-1000 CBC</b>	CLOTS/FIBRIN STRANDS
LOW SODIUM		MAY CAUSE CELLS TO SHRINK
ELEVATED GLUCOSE		MAY CAUSE CELLS TO SHRINK
RED CELL FRAGMENTS		INTERFERE WITH AUTOMATED PLT COUNT
MICROCYTIC RBCS		INTERFERE WITH AUTOMATED PLT COUNT
WHITE CELL		INTERFERE WITH AUTOMATED PLT COUNT
CYTOPLASMIC FRAGMENTS		
COLD AGGLUTININIS		MACROCYTOSIS, ELEVATED MCH'S, MCHC'S FALSELY DECREASED RBC COUNTS AND HCT'S

	EXTREMELY HIGH WBC	MAY CAUSE TURBIDITY & FALSELY INCREASE HGB, RBC, AND HCT VALUES
	SEVERELY HEMOLYZED	DECREASE RBC AND HCT
	GIANT PLTS	MAY FALSELY ELEVATE WBC AND DECREASE PLT
	PLT CLUMPS	MAY FALSELY ELEVATE WBC AND DECREASE PLT
	PLT SATELLITISM	MAY FALSELY ELEVATE WBC AND DECREASE PLT
	ABN PARAPROTEINS	PATIENTS WITH MULTIPLE MYELOMA CAN FALSELY INCREASE HGB
	SEVERELY ICTERIC	FALSELY ELEVATE HGB AND RELATED INDICES
	MEGAKARYOCYTES	MAY FALSELY INCREASE WBC COUNTS
<b>ATLAS URINE</b>		
	VISIBLE LEVELS OF BLD OR BILIRUBIN	MAY CAUSE FALSE POSITIVE/FALSE NEGATIVE RESULTS WHEN PRESENT
	DRUGS CONTAINING DYES	MAY CAUSE FALSE POSITIVE/FALSE NEGATIVE RESULTS WHEN PRESENT
	NITROFURANTOIN	MAY CAUSE FALSE POSITIVE/FALSE NEGATIVE RESULTS WHEN PRESENT
	RIBOFLAVIN	MAY CAUSE FALSE POSITIVE/FALSE NEGATIVE RESULTS WHEN PRESENT
<b>ATLAS GLUCOSE</b>		
	ASCORBIC ACID >30MG/DL	(VIT C) FALSELY DECREASE GLUCOSE
	HIGH SPECIFIC GRAVITY	FALSELY DECREASE GLUCOSE
	TEMPERATURE	FALSELY INCREASE/DECREASE GLUCOSE
<b>ATLAS BILIRUBIN</b>		
	IODINE(ETODOLAC)	FALSELY INCREASE BILIRUBIN
	ASCORBIC ACID >15MG/DL	(VIT C) FALSELY DECREASE BILIRUBIN
<b>ATLAS PROTEIN</b>		
	HIGHLY BUFFERED	FALSELY INCREASE PROTEIN
	ALKALINE URINES	FALSELY INCREASE PROTEIN
	QUATERNARY AMMONIUM COMPOUNDS	FROM SOME ANTISEPTICS & DETERGENTS CAN FALSELY INCREASE PROTEIN
	CHLORHEXIDINE	FROM SOME SKIN CLEANERS AND PRESERVATIVES CAN FALSELY INCREASE PROTEIN
<b>ATLAS BLOOD</b>		
	OXIDIZING COMPOUNDS	EX BLEACH CAN FALSELY INCREASE OCC BLD

	MICROBIAL PEROXIDASE	FROM UTI INFECTIONS CAN FALSELY INCREASE OCC BLD
	HIGH SPECIFIC GRAVITY	FALSELY DECREASE OCCULT BLD
	CAPOTEN (CAPTOPRIL)	FALSELY DECREASE OCCULT BLD
<b>ATLAS KETONES</b>		
	HIGHLY PIGMENTED URINE	FALSELY INCREASE KETONES
	LEVODOPA (L-DOPA)	LARGE AMOUNTS OF THESE METABOLITES CAN FALSELY INCREASE KETONES
	SULFHYDRYL GROUPS	FALSELY INCREASE KETONES
	HIGH SPECIFIC GRAVITY	FALSELY INCREASE KETONES
	LOW PH	FALSELY INCREASE KETONES
<b>ATLAS UROBILINOGEN</b>		
	FORMALIN	FALSELY DECREASE UROBILINOGEN
	P-AMINOSALICYLIC ACID (PAS)	FALSELY INCREASE UROBILINOGEN
	SULFONAMIDES	FALSELY INCREASE UROBILINOGEN
	TEMPERATURE >79 DEGREE F	FALSELY INCREASE UROBILINOGEN
	TEMPERATURE < 72 DEGREE F	FALSELY DECREASE UROBILINOGEN
<b>ATLAS NITRITE</b>		
	COLORED PRECIPITATES	FALSELY INCREASE NITRITE
	REDUCTASE	INFECTIONS CAUSE BY ORGANISMS THAT DON'T CONTAIN REDUCTASE CAN FALSELY DECREASE NITRITE
	BLADDER TIME	URINE NOT IN THE BLADDER AT LEAST 4 HOURS CAN FALSELY DECREASE NITRITE
	DIETARY NITRATE	ABSENCE OF DIETARY NITRATE CAN FALSELY DECREASE NITRITE
	ASCORBIC ACID >75MG/DL (VIT C)	FALSELY DECREASE NITRITE
<b>ATLAS LEUKOCYTES</b>		
	GLUCOSE >3 G/DL	FALSELY DECREASE LEUKOCYTES
	CEPHALEXIN (KEFLEX)	FALSELY DECREASE LEUKOCYTES
	CEPHALOTHIN (KEFLIN)	FALSELY DECREASE LEUKOCYTES
	OXALIC ACID	HIGH CONCENTRATIONS FALSELY DECREASE LEUKOCYTES
	TETRACYCLINE	FALSELY DECREASE LEUKOCYTES
<b>ATLAS SPECIFIC GRAVITY</b>		
	PYRIDIUM	FALSELY INCREASE/DECREASE SPECIFIC GRAVITY
<b>ATLAS COLOR</b>		

	CONCENTRATION	FALSELY INCREASE/DECREASE COLOR
	FOOD PIGMENTS	FALSELY INCREASE/DECREASE COLOR
	DYES	FALSELY INCREASE/DECREASE COLOR
	BLOOD	FALSELY INCREASE/DECREASE COLOR
	VARIOUS PATHOLOGICAL CONDITIONS	FALSELY INCREASE/DECREASE COLOR
<b>ATLAS CLARITY</b>		
	PARTICULATE MATTER	PARTICULATE MATTER THAT SETTLES CAN FALSELY DECREASE CLARITY
<b>IFE</b>		
	HIGH IMMUNOGLOBULIN	ANTIGEN EXCESS
	EXCESSIVE AMOUNT OF ANTIGEN	DECREASES RESOLUTION & REQUIRES HIGER CONCENTRATIONS OF ANTIBODY
	MONOCLONAL PROTEINS	MAY ADHERE TO GEL MATRIX, ESP IGM WILL APPEAR IN ALL 5 ANTISERA REACTION AREAS WHERE THE BAND REACTS WITH THE SPECIFIC ANTISERA FOR ITS HEAVY CHAIN & LIGHT CHAIN THERE WILL BE MARKED INCREASE IN SIZE AND STAINING ACTIVITY, ALLOWING THE BAND TO BE ID
<b>SPE</b>		
	HEMOLYSIS	MAY CAUSE FALSE ELEVATION IN THE ALPHA 2 AND BETA FRACTIONS
	UNCOVERED	SPECIMENS LEFT UNCOVERED MAY YIELD INACCURATE RESULTS DUE TO EVAPORATION
<b>HGB</b>		
	ABNORMAL HEMOGLOBINS	HAVE SIMILAR ELECTROPHORETIC MOBILITIES AND MUST BE DIFFERENTIATED BY OTHER METHODOLOGIES

**COBAS 6000****AFP**

BIOTIN >5MG/DAY	CAUSE INTERFERENCE
STREPTAVIDIN	EXTREMELY HIGH TITERS OF ANTIBODIES, THE TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS
RUTHENIUM	EXTREMELY HIGH TITERS OF ANTIBODIES CAN OCCUR

**ALBUMIN**

GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS.
----------------	---

**ALP**

GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS.
----------------	---

**ALT**

ERYTHROCYTES LIPEMIC	CONTAMINATION WILL ELEVATE RESULTS >ABS FLAGGING
CALCIUM DOBESILATE	FALSE LOW RESULTS
ISONIAZID	FALSE LOW RESULTS
GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS.

**AMMONIA**

ERYTHROCYTES	CONTAMINATION WILL ELEVATE RESULTS
GAMMA-GLOBULIN	INCREASES AMMONIA CONC WHEN 3G/DL IS ADDED TO HUMAN PLASMA POOL
CEFOXITIN	ARTIFICIALLY HIGH & LOW AMMONIA RESULTS AT THE THERAPEUTIC DRUG LEVEL
INTRALIPID	ARTIFICIALLY HIGH & LOW AMMONIA RESULTS AT THE THERAPEUTIC DRUG LEVEL
GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES

**AMPHETAMINE**

SEE APPLICATION SHEET

**AMYLASE**

	LIPEMIC	MAY CAUSE ABS FLAGS
	ICODEXTRIN-BASED DRUGS	MAY LEAD TO DECREASED AMYLASE RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>ANTI-CCP</b>		
	BIOTIN >5MG/DAY	
	RHEUMATOID FACTOR	CONCENTRATIONS > 150 U/ML
	HYPERGAMMAGLOBULIN-AEMIA	RESULTS CAN BE FALSE NEGATIVE IN THESE PATIENTS
	STREPTAVIDIN	RARE CASES, EXTREMELY HIGH TITERS OF ABS
	RUTHENIUM	RARE CASES, EXTREMELY HIGH TITERS OF ABS
<b>ANTI-HAV IGM</b>		
	BIOTIN >5MG/DAY	
	STREPTAVIDIN	HIGH TITERS OF ABS TO IMMUNOLOGICAL COMPONENT
	RUTHENIUM	HIGH TITERS OF ABS TO IMMUNOLOGICAL COMPONENT
	EARLY/LATE DETECTION	LEVELS MAY BE BELOW CUTOFF
<b>ANTI-HBC IGM</b>		
	BIOTIN >5MG/DAY	
	STREPTAVIDIN	RARE CASES, EXTREMELY HIGH TITERS OF ABS
	RUTHENIUM	RARE CASES, EXTREMELY HIGH TITERS OF ABS
	SEE APPLICATION SHEET FOR ENDOGENOUS INTERFERENCES	
<b>ANTI-HBS</b>		
	TURBIDITY	MAY AFFECT ASSAY RESULTS
	BIOTIN >5MG/DAY	
	STREPTAVIDIN	RARE CASES, EXTREMELY HIGH TITERS OF ABS
	RUTHENIUM	RARE CASES, EXTREMELY HIGH TITERS OF ABS
<b>ANTI-HCV</b>		
	HEMOGLOBIN 0.1 G/DL	REDUCED RECOVERY OF ANTI-HCV
	HEMOLYSIS	SHOULD NOT BE ANALYZED
	BIOTIN >5MG/DAY	

	SODIUM CITRATE PLASMA	SHOULD NOT BE ANALYZED
	HEPATITIS D VIRUS	POTENTIAL FOR CROSS-REACTIVITY
	HEPATITIS E VIRUS	POTENTIAL FOR CROSS-REACTIVITY
<b>AST</b>		
	ERYTHROCYTES (RBC'S)	CONTAMINATION W/RBC'S WILL ELEVATE RESULTS
	LIPEMIA	LIPEMIC SPECIMENS MAY CAUSE >ABS FLAGGING
	ISONIAZID	CAUSES ARTIFICIALLY LOW AST RESULTS
	CYANOKIT	(HYDROXOCOBALAMIN) MAY CAUSE UNRELIABLE RESU
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>BARBITUATE</b>		
	SEE APPLICATION SHEET	
<b>BENZODIAZEPINE</b>		
	SEE APPLICATION SHEET	
<b>BNP</b>		
	HEMOLYSIS	SEVERLY HEMOLIZED SPECIMENS SHOULD BE AVOIDED
<b>TOTAL BILIRUBIN</b>		
	MULTIPLE MYELOMA	PATIENTS MAY SHOW A POSITIVE BIAS IN RECOVERY
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
	INDOCYANINE GREEN (ICG)	FALSELY ELEVATED RESULTS
<b>C3</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>C4</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>CA 125</b>		
	BIOTIN >5MG/DAY	
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS



<b>CALCIUM</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>CARBAMEZAPINE</b>		
	HAMA	HUMAN ANTI-MOUSE ABS CAUSE FALSELY ELEVATED RESULTS
	ABS TO E. COLI BETA-GALACTOSIDASE	CAN RESULT IN ARTIFICIALLY HIGH RESULTS
<b>CEA</b>		
	BIOTIN >5MG/DAY	
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>CHOLESTEROL</b>		
<b>CK</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
	LIPEMIA	HIGHLY LIPEMIC SPECIMENS MAY CAUSE HIGH ABSORBANCE FLAGGING
	CYANOKIT	(HYDROXYCOBALAMIN) AT THERAPEUTIC CONCENTRATIONS INTERFERES WITH THE TEST
<b>CO2</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>COCAINE</b>		
	SEE APPLICATION SHEET	
<b>CORTISOL</b>		
	BIOTIN >5MG/DAY	
	RUTHENIUM STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS RARE CASES EXTREMELY HIGH TITERS OF ABS
	PREGNANCY CONTRACEPTIVES	GIVE RISE TO CORTISOL CONCENTRATIONS GIVE RISE TO CORTISOL CONCENTRATIONS

	ESTROGEN THERAPY	GIVE RISE TO CORTISOL CONCENTRATIONS
	PREDNISOLONE	FALSELY ELEVATE CONCENTRATIONS OF CORTISOL
	METHYLPREDNISOLONE	FALSELY ELEVATE CONCENTRATIONS OF CORTISOL
	PREDNISON	FALSELY ELEVATE CONCENTRATIONS OF CORTISOL
	METYRAPON TESTS	11-DEOXYCORTISOL LEVELS ARE ELEVATED
	21-HYDROXYLASE DEFICIENCY	EXHIBIT ELEVATED 21-DEOXYCORTISOL LEVELS, CAN ALSO GIVE RISE TO ELEVATED CORTISOL LEVELS
	SEVERE STRESS	CAN GIVE RISE TO ELEVATED CORTISOL LEVELS
	TIME OF DAY	WHEN INTERPRETING RESULTS DUE TO THE CORTISOL SECRETION CIRCADIAN RHYTHM
<b>CREATININE</b>		
	CEFOXITIN	ARTIFICIALLY HIGH CREATINE LEVELS
	CYANOKIT	(HYDROXOCOBALAMIN) MAY CAUSE INTERFERENCE WITH RESULTS. VALUES <15UMOL/L(<0.17MG/DL) OR NEGATIVE RESULTS ARE REPORTED IN RARE CASES IN CHILDREN <3 AND IN ELDERLY PATIENTS.
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>CRPHS</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
<b>CRPL3</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
<b>DIRECT BILIRUBIN</b>		
	ASCORBIC ACID	CAUSE ARTIFICIALLY HIGH BILIRUBIN RESULTS
	INTRALIPID (2000MG/L)	CAUSE ARTIFICIALLY HIGH BILIRUBIN RESULTS
	RIFAMPICIN	CAUSE ARTIFICIALLY HIGH BILIRUBIN RESULTS
	PHENYLBUTAZONE	CAUSE ARTIFICIALLY LOW BILIRUBIN RESULTS AT THE THERAPEUTIC DRUG LEVEL
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE

		UNRELIABLE RESULTS IN VERY RARE CASES
<b>DHEAS</b>	INDOCYANINE GREEN (ICG)	FALSELY ELEVATED RESULTS
	BIOTIN >5MG/DAY	
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>DIGOXIN</b>	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
	DIGIBIND THERAPY	FOR DIGOXIN TOXICITY WILL INTERFERE WITH DIGOXIN MEASUREMENT BY THIS ASSAY
<b>ESTRADIOL</b>	HAMA	HUMAN ANTI-MOUSE ANTIBODIES MAY INTERFERE
	BIOTIN >5MG/DAY	
	RABBITS	PATIENTS WHO HAVE RECEIVED VACCINES WITH RABBIT SERUM OR HAVE RABBITS AS PETS ERRONEOUS TEST RESULTS MAY BE OBTAINED
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>ETHANOL</b>	FULVESTRANT	FALSE INCREASE OF RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
	URINE CONTAINING SUGARS	MAY YIELD A FALSE POSITIVE RESULT DUE TO FERMENTATION OF SUGAR TO ALCOHOL
	URINE CONTAINING MICROORGANISMS	MAY YIELD A FALSE POSITIVE RESULT DUE TO FERMENTATION OF SUGAR TO ALCOHOL
	VOLATILE SOLVENTS	DO NOT USE IN THE WORK AREA WHEN PERFORMING ASSAYS
	LDH	NO SIGNIFICANT INTERFERENCE AT APPROXIMATELY 2000 U/L LDH. SIGNIFICANT POSITIVE INTERFERENCE AT APPROXIMATELY 8000 U/L LDH.

		OTHER SIMILAR ALCOHOL REAGENTS MAY GIVE FALSELY ELEVATED RESULTS WITH SAMPLES CONTAINING HIGH LEVELS OF BOTH LD & LACTIC ACID
<b>FERRITIN</b>	POST MORTEM SAMPLES	
	BIOTIN >5MG/DAY	
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>FOLATE</b>	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
	BIOTIN >5MG/DAY	
	METHOTREXATE	CONTRAINDICATED BECAUSE OF CROSS-REACTIVITY OF FOLATE BINDING PROTEIN WITH THESE COMPOUNDS.
	LEUCOVORIN	CONTRAINDICATED BECAUSE OF CROSS-REACTIVITY OF FOLATE BINDING PROTEIN WITH THESE COMPOUNDS.
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>FREE T3</b>	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
	BIOTIN >5MG/DAY	
	NON-THYROID ILLNESS	AFFECT THE BINDING BEHAVIOR OF BINDING PROTEINS WHICH CAN ALTER THE RESULTS
	FDH	(FAMILIAL DYSALBUMINEMIC HYPERTHROXINEMIA) AFFECT THE BINDING BEHAVIOR OF BINDING PROTEINS WHICH CAN ALTER THE RESULTS
	FUROSEMIDE	CAUSE ELEVATED FREE T3 FINDINGS AT THE DAILY THERAPEUTIC DOSAGE LEVEL
	LEVOTHYROXINE	CAUSE ELEVATED FREE T3 FINDINGS AT THE DAILY THERAPEUTIC DOSAGE LEVEL
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS

<b>FREE T4</b>		
	BIOTIN >5MG/DAY	
	NON-THYROID ILLNESS	AFFECT THE BINDING BEHAVIOR OF BINDING PROTEINS WHICH CAN ALTER THE RESULTS
	FDH	(FAMILIAL DYSALBUMINEMIC HYPERTHROXINEMIA) AFFECT THE BINDING BEHAVIOR OF BINDING PROTEINS WHICH CAN ALTER THE RESULTS
	TBG IN PREGNANCY	AFFECT THE BINDING BEHAVIOR OF BINDING PROTEINS WHICH CAN ALTER THE RESULTS
	LIPID LOWING AGENTS CONTAINING D-T4	THE TEST CANNOT BE USED IN PATIENTS RECEIVING TREATMENT
	AUTOANTIBODIES TO THYROID HORMONES	CAN INTEREFERE WITH THE ASSAY
	FUROSEMIDE	CAUSE ELEVATED FREE T4 FINDINGS AT THE DAILY THERAPEUTIC DOSAGE LEVEL
	LEVOTHYROXINE	CAUSE ELEVATED FREE T4 FINDINGS AT THE DAILY THERAPEUTIC DOSAGE LEVEL
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>FSH</b>		
	BIOTIN >5MG/DAY	
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>GGT</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>GLUCOSE</b>		
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
	RECEIVED ON CELLS	FALSELY DECREASE

<b>HBSAG</b>		
	BIOTIN >5MG/DAY	
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
	RECENTLY VACCINATED FOR HEP B	MAY GIVE A TRANSIENT POSITIVE RESULT FOR HBSAG
<b>HCG</b>		
	BIOTIN >5MG/DAY	
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>HDL</b>		
	ELEVATED FREE FATTY ACIDS	MAY CAUSE FALSELY ELEVATED HDL RESULTS
	ELEVATED DENATURED PROTEINS	MAY CAUSE FALSELY ELEVATED HDL RESULTS
	ELEVATED IMMUNOGLOBULIN CONCENTRATIONS	CAN LEAD TO ARTIFICALLY INCREASED HDL RESULTS
	ABNORMAL LIVER FUNCTION	HDL RESULTS ARE OF LIMITED DIAGNOSTIC VALUE
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>HGBA1C</b>		
	HEMOLYTIC ANEMIA	CAUSE DECREASE IN HGBA1C VALUE, EVEN THOUGH THE TIME AVERAGED BLOOD GLUCOSE LEVEL MAY BE ELEVATED.
	HEMOLYTIC DISEASES	CAUSE DECREASE IN HGBA1C VALUE, EVEN THOUGH THE TIME AVERAGED BLOOD GLUCOSE LEVEL MAY BE ELEVATED.

	HOMOZYGOUS SICKLE CELL TRAIT	CAUSE DECREASE IN HGBA1C VALUE, EVEN THOUGH THE TIME AVERAGED BLOOD GLUCOSE LEVEL MAY BE ELEVATED.
	PREGNANCY	CAUSE DECREASE IN HGBA1C VALUE, EVEN THOUGH THE TIME AVERAGED BLOOD GLUCOSE LEVEL MAY BE ELEVATED.
	BLOOD LOSS	CAUSE DECREASE IN HGBA1C VALUE, EVEN THOUGH THE TIME AVERAGED BLOOD GLUCOSE LEVEL MAY BE ELEVATED.
<b>IGA</b>		
<b>IGE</b>		
	ANTIGEN EXCESS HEMOLYSIS BIOTIN >5MG/DAY	ARTIFICALLY LOW RESULTS DUE TO ANITGEN EXCESS MAY OCCUR AT 100 G/L(625UMOL/L, 10000MG/DL) IN POLYCLONAL SPECIMENS
	RUTHENIUM STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS RARE CASES EXTREMELY HIGH TITERS OF ABS
	XOLAIR (Omalizumab) OR SIMILAR DRUGS CONTAINING ANTI-IGE AB	FORMS SOLUBLE COMPLEXES WITH IGE AB LEADING TO REDUCED RECOVERY. IGE MEAUREMENTS ARE TYPICALLY PERFORMED PRIOR TO TREATMENT.
<b>IGG</b>		
	ANTIGEN EXCESS MONOCLONAL GAMMOPATHY	ARTIFICALLY LOW RESULTS DUE TO ANTIGEN EXCESS MAY OCCUR AT 400G/L(2668UMOL/L, 40000MG/DL) IN POLYCLONAL SPECIMENS MAY NOT PROVIDE ACCURATE RESULTS
<b>IGM</b>		
	ANTIGEN EXCESS	ARTIFICALLY LOW RESULTS DUE TO ANTIGEN EXCESS MAY OCCUR AT 100G/L(103UMOL/L, 10000MG/DL) IN POLYCLONAL SPECIMENS
<b>INSULIN</b>		
	BIOTIN >5MG/DAY	

	BOVINE	CONTAIN ANTI-INSULIN ANTIBODIES WICH CAN AFFECT TEST RESULTS
	PORCINE	CONTAIN ANTI-INSULIN ANTIBODIES WICH CAN AFFECT TEST RESULTS
	HUMAN INSULIN	CONTAIN ANTI-INSULIN ANTIBODIES WICH CAN AFFECT TEST RESULTS
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>IRON</b>		
	>125 UMOL/L(200MG/DL) HEMOGLOBIN CONCENTRATIONS	LEAD TO ARTIFICIALLY INCREASED VALUES DUE TO CONTAMINATION OF THE SAMPLE WITH HEMOGLOBIN-BOUND IRON
	IRON SUPPLEMENTS	THE DRUG-BOUND IRON MAY NOT PROPERLY REACT IN THE TEST RESULTING IN ARTIFICIALLY LOW VALUES
	METAL-BINDING DRUGS	THE DRUG-BOUND IRON MAY NOT PROPERLY REACT IN THE TEST RESULTING IN ARTIFICIALLY LOW VALUES
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>ISE (NA,K,CL)</b>		
	K+ HGB LEVELS >90MG/DL(50 UMOL/L)	INCREASE THE APPARENT K+ CONCENTRATIONS SIGNIFICANTLY
	HEMOLYSIS	AVOID HEMOLYZED SPECIMENS
	LIPEMIC SPECIMENS	PSEUDOHYPONATREMIA AS A RESULT OF FLUID DISPLACEMENT
	Received on Cells	Falsely elevate the potassium
	HEMOLYSIS	Falsely elevate the potassium
<b>LDH</b>		
	ERYTHROCYTES	CONTAMINATION WILL ELEVATE RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES



<b>LDL DIRECT</b>	HEMOLYSIS	FALSELY ELEVATE RESULT
	INTRALIPID	CAUSES ARTIFICIALLY HIGH LDL RESULTS
	ABNORMAL LIVER FUNCTION	LDL RESULTS ARE OF LIMITED DIAGNOSTIC VALUE
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
	HDL-C	NO SIGNIFICANT INTERFERENCE ≤ 117 MG/DL
<b>LH</b>		
	BIOTIN >5MG/DAY	
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>LIPASE</b>		
	CALCIUM DOBESILATE	CAUSES ARTIFICIALLY LOW LIPASE RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>MAGNESIUM</b>		
	HEMOLYSIS	ELEVATES RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>MICROALBUMIN</b>		
	MODULAR P ANTIGEN	UNDETECTED HIGH-DOSE HOOK EFFECT MAY OCCUR AT ALBUMIN CONCENTRATIONS ABOVE 2500 MG/L(38.0 UMOL/L)
<b>METHADONE</b>		
	SEE APPLICATION SHEET	
<b>METHAQUALONE</b>		
	SEE APPLICATION SHEET	
<b>OPIATE</b>		
	SEE APPLICATION SHEET	
<b>PCP</b>		
	SEE APPLICATION SHEET	
<b>PHENYTOIN</b>		
	HUMAN ANTI-MOUSE ANTIBODIES (HAMA)	COULD CAUSE FALSELY LOW RESULTS
<b>PHOSPHORUS</b>		

	HEMOLYSIS	SIGNIFICANT POSITIVE INTERFERENCE AT AN H INDEX >300
	LIPOSOMAL DRUG FORMULATIONS	EX AMBISOME LEAD TO ELEVATED PHOSPHATE RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>PROGESTERONE</b>		
	BIOTIN >5MG/DAY	
	PHENYLBUTAZONE	AT THERAPEUTIC DOSAGE DECREASE RESULTS
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>PROLACTIN</b>	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
	BIOTIN >5MG/DAY	
	MONOCLONAL MOUSE ABS	PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
	ENDOCRINOLOGICAL DISEASE	PRESENCE OF MACROPROLACTIN IN THE SERUM OF FEMALE PATIENTS
	PREGNANCY	PRESENCE OF MACROPROLACTIN IN THE SERUM OF FEMALE PATIENTS
<b>PROPOXYPHENE</b>		
	SEE APPLICATION SHEET	

<b>PSA, TOTAL</b>	
	BIOTIN >5MG/DAY
	MONOCLONAL MOUSE ABS PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
	RUTHENIUM RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>PTH</b>	
	HEMOLYSIS DO NOT ANALYZE
	BIOTIN >5MG/DAY
	RUTHENIUM RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>RF</b>	
	GAMMOPATHY IGM WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>RUBELLA</b>	
	ACUTE PHASE OF INFECTION ANTIBODY CONCENTRATION <10 IU/ML MAY NOT CONTAIN DETECTABLE AMOUNTS OF RUBELLA IGG ABS
	HIV PATIENTS INTERPRET WITH CAUTION
	IMMUNOSUPPRESSIVE THERAPY INTERPRET WITH CAUTION
	NEONATES HAVE NOT BEEN TESTED
	CORD BLOOD HAVE NOT BEEN TESTED
	PRETRANSPLANT PATIENTS HAVE NOT BEEN TESTED
	BODY FLUIDS OTHER THAN SERUM/PLASMA HAVE NOT BEEN TESTED
	BIOTIN >5MG/DAY
	RUBELLA-SPECIFIC IMMUNOGLOBULIN M MAY CAUSE INTERFERENCE
	IMMUNOGLOBULIN G ELEVATED LEVELS MAY CAUSE INTERFERENCE
	MONOCLONAL MOUSE ABS PATIENTS TREATED WITH MAY HAVE ERRONEOUS FINDINGS
<b>T3</b>	
	BIOTIN >5MG/DAY

AMIODARONE	CAN LEAD TO DECREASED T3 VALUES
PHENYTOIN	CAUSE RELEASE OF T3 FROM THE BINDING PROTEINS, THUS LEADING TO A REDUCTION IN THE TOTAL T3 HORMONE LEVEL AT NORMAL FT3 LEVELS
PHENYLBUTAZONE	CAUSE RELEASE OF T3 FROM THE BINDING PROTEINS, THUS LEADING TO A REDUCTION IN THE TOTAL T3 HORMONE LEVEL AT NORMAL FT3 LEVELS
SALICYLATES	CAUSE RELEASE OF T3 FROM THE BINDING PROTEINS, THUS LEADING TO A REDUCTION IN THE TOTAL T3 HORMONE LEVEL AT NORMAL FT3 LEVELS
ANTIBODIES TO THYROID HORMONES	CAN INTERFERE WITH ASSAY
FAMILIAL DYSALBUMINEMIC HYPERTHYROXINEMIA(FDH)	MAY CAUSE VALUES TO DEVIATE FROM THE EXPECTED RESULT
NTI-PATIENTS	CAN LEAD TO TOTAL T3 VALUES OUTSIDE THE NORMAL RANGE BEING FOUND DESPITE A EUTHYROID METABOLIC STATE
PREGNANCY	CAN LEAD TO TOTAL T3 VALUES OUTSIDE THE NORMAL RANGE BEING FOUND DESPITE A EUTHYROID METABOLIC STATE
ORAL CONTRACEPTIVES	CAN LEAD TO TOTAL T3 VALUES OUTSIDE THE NORMAL RANGE BEING FOUND DESPITE A EUTHYROID METABOLIC STATE
RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
BIOTIN >5MG/DAY	
LIPID-LOWERING AGENTS CONTAINING D-T4	TEST CANNOT BE USED IN PATIENTS RECEIVING TREATMENT

T4

	AUTOANTIBODIES TO THYROID HORMONES	CAN INTERFERE WITH THE ASSAY
	FAMILIAL DYSALBUMINEMIC HYPERTHYROXINEMIA(FDH)	MAY CAUSE VALUES TO DEVIATE FROM THE EXPECTED RESULT
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>TESTOSTERONE</b>	BIOTIN >5MG/DAY	
	FEMALE DIALYSIS PATIENTS	ELEVATED TESTOSTERONE LEVELS WERE SEEN
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>THC</b>	SEE APPLICATION SHEET	
<b>TOTAL PROTEIN</b>	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>TOTAL PROTEIN URINE</b>	LEVODOPA	CAUSE ARTIFICIALLY HIGH TOTAL PROTEIN RESULTS
	METHYLDOPA	CAUSE ARTIFICIALLY HIGH TOTAL PROTEIN RESULTS
	NA2-CEFOXITIN	CAUSE ARTIFICIALLY HIGH TOTAL PROTEIN RESULTS
	CALCIUM DOBESILATE	CAUSE ARTIFICIALLY LOW PROTEIN RESULTS
	GELATIN-BASED PLASMA REPLACEMENTS	CAN LEAD TO INCREASED URINE PROTEIN VALUES OUTSIDE THE MEASURING RANGE MAY GIVE FALSE-EXTREMELY HIGH SAMPLES
		LOW RESULTS
<b>TRIGLYCERIDES</b>	LIPEMIC SAMPLES	TRIG >3000 MG/DL CAN PRODUCE NORMAL RESULTS

	OXYGEN DEPLETION	DURING ASSAY REACTION CAN YIELD FALSE NORMAL RESULTS
	ENDOGENOUS UNESTERIFIED GLYCEROL	FALSELY ELEVATE SERUM TRIGLYCERIDES
	ASCORBIC ACID	CAUSE ARTIFICIALLY LOW TRIGLYCERIDE RESULTS
	CALCIUM DOBESILATE	CAUSE ARTIFICIALLY LOW TRIGLYCERIDE RESULTS
	INTRALIPID	LEADS TO HIGH TRIGLYCERIDE RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>TSH</b>		
	BIOTIN >5MG/DAY	
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
	HUMAN ANTI-MOUSE ANTIBODIES (HAMA)	RARE CASES EXTREMELY HIGH TITERS OF ABS
<b>T3 UPTAKE</b>		
	LIPID-LOWERING AGENTS CONTAINING D-T4	TEST CANNOT BE USED IN PATIENTS RECEIVING TREATMENT
	AUTOANTIBODIES TO THYROID HORMONES	CAN INTERFERE WITH THE ASSAY
	FAMILIAL DYSALBUMINEMIC HYPERTHYROXINEMIA(FDH)	MAY CAUSE VALUES TO DEVIATE FROM THE EXPECTED RESULT
	RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
	STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
	BIOTIN >5MG/DAY	
<b>UIBC</b>		
	RBC CONTAMINATION	WILL ELEVATE RESULTS
	EDTA	MUST NOT BE USED
	OXALATE	MUST NOT BE USED

	CITRATE	MUST NOT BE USED
	OXYTETRACYCLINE	CAUSES ARTIFICIALLY HIGH UIBC VALUES AT THE TESTED DRUG LEVEL
	ALBUMIN (7G/DL)	PATHOLOGICALLY HIGH LEVELS DECREASE THE UIBC VALUE SIGNIFICANTLY
	IRON SUPPLEMENTS	THE DRUG-BOUND IRON MAY NOT PROPERLY REACT RESULTING IN FALSELY LOW VALUES
	METAL-BINDING DRUGS	THE DRUG-BOUND IRON MAY NOT PROPERLY REACT RESULTING IN FALSELY LOW VALUES
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>BUN</b>		
	AMMONIUM IONS	MAY CAUSE ERRONEOUSLY ELEVATED RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>URIC ACID</b>		
	CALCIUM DOBESILATE	CAUSES ARTIFICIALLY LOW URIC ACID RESULTS
	URICASE	REACTS SPECIFICALLY WITH URIC ACID
	PURINE DERIVATIVES	CAN INHIBIT THE URIC ACID REACTION
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
<b>URIC ACID URINE</b>		
	CALCIUM DOBESILATE	CAN CAUSE ARTIFICIALLY LOW URIC ACID RESULTS
	LEVODOPA	CAN CAUSE ARTIFICIALLY LOW URIC ACID RESULTS
	METHYLDOPA	CAN CAUSE ARTIFICIALLY LOW URIC ACID RESULTS
<b>VALPROIC ACID</b>		
	NONE	
<b>VANCOMYCIN</b>		
	HUMAN ANTI-MOUSE ANTIBODIES (HAMA)	COULD CAUSE FALSELY LOW RESULTS
	GAMMOPATHY IGM	WALDENSTROM'S MACROGLOBULINEMIA MAY CAUSE UNRELIABLE RESULTS IN VERY RARE CASES
	GLUCOSE-6-PHOSPHATE DEHYDROGENASE	UNSPECIFIC BINDING OF HETEROPHILIC AB FROM THE SAMPLE MAY LEAD TO FALSELY LOWER RESULTS IN VERY RARE CASES
<b>VITAMIN B12</b>		
	BIOTIN >5MG/DAY	

**VITAMIN D**

RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS
HEMOLYSIS HGB CONCENTRATIONS >2 G/L (>0.124 MMOL/L)	MAY CAUSE INTERFERENCE MAY LEAD TO ELEVATED RESULTS
BIOTIN >5MG/DAY	
RUTHENIUM	RARE CASES EXTREMELY HIGH TITERS OF ABS
STREPTAVIDIN	RARE CASES EXTREMELY HIGH TITERS OF ABS



PLAN OF ACTION

USE SHOULD BE AVOIDED  
BEFORE COLLECTION OF  
SPECIMEN

USE SHOULD BE AVOIDED  
USE SHOULD BE AVOIDED  
USE SHOULD BE AVOIDED  
USE SHOULD BE AVOIDED

AVOID PRIOR TO COLLECTION  
OR REPORT TO PHYSICIAN  
WHEN THE LESION IS  
SAMPLED  
DO NOT DRAW BLOOD B/C  
ANTIBODIES PRESENT IN  
PLASMA MAY INHIBIT VIRAL  
REPLICATION IN CELL CULT.

SPECIMENS CONTAINING  
VISIBLE PARTICULATES  
SHOULD BE CENTRIFUGED  
BEFORE TESTING

NOT CONCLUSIVE DIAGNOSIS  
FOR GASTRO BLEEDING

RECOLLECT SAMPLE

MANUAL PROTOME BY TILT  
TUBE METHOD

FOLLOWED BY COAG STUDY

CONSIDERED WHEN UNSUAL  
OR UNEXPECTED ABNORMAL  
RESULTS ARE OBTAINED

UNEXPECTED ABNORMAL  
APTT RESULTS SHOULD  
BE FOLLOWED BY  
ADDITIONAL COAGULATION  
STUDIES TO DETERMINE THE  
CAUSE OF ABNORMAL  
RESULTS.

RUN FLUORESCENT PLT

RUN FLUORESCENT PLT

RUN FLUORESCENT PLT

WARM SAMPLE








ADJUST PROTEIN CONTENT  
OF SAMPLE BY DILUTION  
ADJUST ANTIBODY CONTENT  
SAMPLE CONCENTRATION  
TIME AND VOLTAGE



NOTATION OF DEGREE OF  
HEMOLYSIS IS MADE IN  
COMMENTS WHEN  
REPORTING RESULTS  
KEEP CAPPED



CITRATE AGAR  
ELECTROPHORESIS  
GLOBIN CHAIN  
ANALYSIS(ACID/ALKALINE

ANION EXCHANGE COLUMN  
CHROMATOGRAPHY FOR HBA2

RADIAL IMMUNODIFFUSION FOR  
LOW LEVELS OF HBF

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

CHOOSE DILUTED SAMPLE  
TREATMENT/AUTO RERUN

NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
NOT USED FOR DIAGNOSTIC PURPOSES
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
S
S
REACTIVE DOES NOT RULE OUT OTHER HEPATITIS INFECTIONS
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
RECOLLECT
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN

CHOOSE DILUTED SAMPLE TREATMENT FOR AUTOMATIC RERUN
LTS
RECOLLECT
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN



[Redacted]

[Redacted]

[Redacted]

[Redacted]

CONTACT CUSTOMER  
TECH SUPPORT

[Redacted]

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

[Redacted]

THE TEST CONTAINS ADDITIVES  
THAT MINIMIZE THESE EFFECTS

[Redacted]

[Redacted]

[Redacted]

CHOOSE DILUTED SAMPLE  
TREATMENT FOR AUTOMATIC  
RERUN

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

THE TEST CONTAINS ADDITIVES  
THAT MINIMIZE THESE EFFECTS

[Redacted]



NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

THE SUITBALE TEST DESIGN  
MINIMIZE THESE EFFECTS

TEST BY ALTERNATE METHOD

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

THE TEST CONTAINS ADDITIVES  
THAT MINIMIZE THESE EFFECTS  
SENT LETTER TO CLIENTS AND  
ADDED A CANNED MESSAGE TO  
RESULTS

NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS
THE TEST CONTAINS ADDITIVES THAT MINIMIZE THESE EFFECTS
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN

THE TEST CONTAINS ADDITIVES THAT MINIMIZE THESE EFFECTS
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
THE SUITBALE TEST DESIGN MINIMIZE THESE EFFECTS

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

DISCONTINUE THERAPY FOR 4-6  
WEEKS

THE SUITBALE TEST DESIGN  
MINIMIZE THESE EFFECTS

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

TEST CONTAINS ADDITIVES  
WHICH MINIMIZE THESE  
EFFECTS

TEST CONTAINS ADDITIVES  
WHICH MINIMIZE THESE  
EFFECTS

CENTRIFUGE PROMPTLY

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

THE SUITBALE TEST DESIGN  
MINIMIZE THESE EFFECTS

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

TEST CONTAINS ADDITIVES  
WHICH MINIMIZE THESE  
EFFECTS

TEST CONTAINS ADDITIVES  
WHICH MINIMIZE THESE  
EFFECTS

CAUTION SHOULD BE USED  
WHEN INTERPRETING

CAUTION SHOULD BE USED  
WHEN INTERPRETING

CAUTION SHOULD BE USED  
WHEN INTERPRETING

CAUTION SHOULD BE USED  
WHEN INTERPRETING

CAUTION SHOULD BE USED  
WHEN INTERPRETING

DO NOT ANALYZE

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

THE SUITBALE TEST DESIGN  
MINIMIZE THESE EFFECTS

DO NOT ANALYZE

ASSESS BY ELECTROPHORESIS

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS

TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS





NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS
TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS
TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS
COULD MAKE THE DETECTION OF HYPERPROLACTINEMIA DEPENDENT ON THE IMMUNOASSAY USED.
COULD MAKE THE DETECTION OF HYPERPROLACTINEMIA DEPENDENT ON THE IMMUNOASSAY USED.

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

THE SUITBALE TEST DESIGN  
MINIMIZE THESE EFFECTS

RECOLLECT

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

THE SUITBALE TEST DESIGN  
MINIMIZE THESE EFFECTS

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

NO SAMPLE TAKEN UNTIL 8

HRS AFTER LAST ADMIN

FT3 OR FT4 DETERMINATION IS  
INDICATED

FT3 OR FT4 DETERMINATION IS  
INDICATED

FT3 OR FT4 DETERMINATION IS  
INDICATED

THE SUITBALE TEST DESIGN  
MINIMIZE THESE EFFECTS

NO SAMPLE TAKEN UNTIL 8  
HRS AFTER LAST ADMIN

THERAPY DISCONTINUED FOR 4-  
6 WEEKS



NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
THE SUITBALE TEST DESIGN MINIMIZE THESE EFFECTS
THE SUITBALE TEST DESIGN MINIMIZE THESE EFFECTS
THE SUITBALE TEST DESIGN MINIMIZE THESE EFFECTS
THERAPY DISCONTINUED FOR 4- 6 WEEKS
TEST CONTAINS ADDITIVES WHICH MINIMIZE THESE EFFECTS
NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
RECOLLECT
RECOLLECT
RECOLLECT



HRS AFTER LAST ADMIN

RECOLLECT

NO SAMPLE TAKEN UNTIL 8 HRS AFTER LAST ADMIN
THE SUITBALE TEST DESIGN MINIMIZE THESE EFFECTS
THE SUITBALE TEST DESIGN MINIMIZE THESE EFFECTS