Effective August 26, 2014, the clinical laboratory will switch methodologies for the Triiodothyronine T3 assay. The switch will be from the Siemens ADVIA Centaur Chemiluminescent Immunoassay to the Abbott ARCHITECT i1000 Chemiluminescent Microparticle Immunoassay (CMIA).

The comparison studies between the ARCHITECT and the Centaur methods showed differences, with the ARCHITECT method producing consistently lower results overall. Please note new reference ranges below.

Sample Requirements:

Collect: SST (gold top) or plain red top serum, 4 mL.

Patient Preparation: None

Storage/Transport: Deliver at room temperature to the laboratory for processing. If sample cannot be delivered to the laboratory within 8 hours of collection, centrifuge sample and transport separated serum refrigerated at 2-8°C.

Stability: Separated serum can be refrigerated at 2-8°C for up to 6 days, or frozen at -10°C for longer storage.

Minimum volume: 0.5 mL serum; (absolute minimum – only pipetable once – 0.3 mL serum)

Unacceptable Conditions: samples other than serum or samples not held at correct temperature.

Reference Intervals:

Adult: 58 – 159 ng/dL

Pediatric:  

<table>
<thead>
<tr>
<th>Age</th>
<th>ng/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>32 – 216</td>
</tr>
<tr>
<td>1-5 yr</td>
<td>105 – 269</td>
</tr>
<tr>
<td>5-10 yr</td>
<td>94 – 241</td>
</tr>
<tr>
<td>10-15 yr</td>
<td>83 – 213</td>
</tr>
</tbody>
</table>

(taken from Tietz, Clinical Chemistry, 4th Edition.)

Routine Testing: T & TH, dayshift in the Special Chemistry section at the Clinical Lab’s STC location.

If you have questions or need additional information please contact Laboratory Client Services at (916) 734-7373 or email pathologyclientservices@ucdmc.ucdavis.edu.