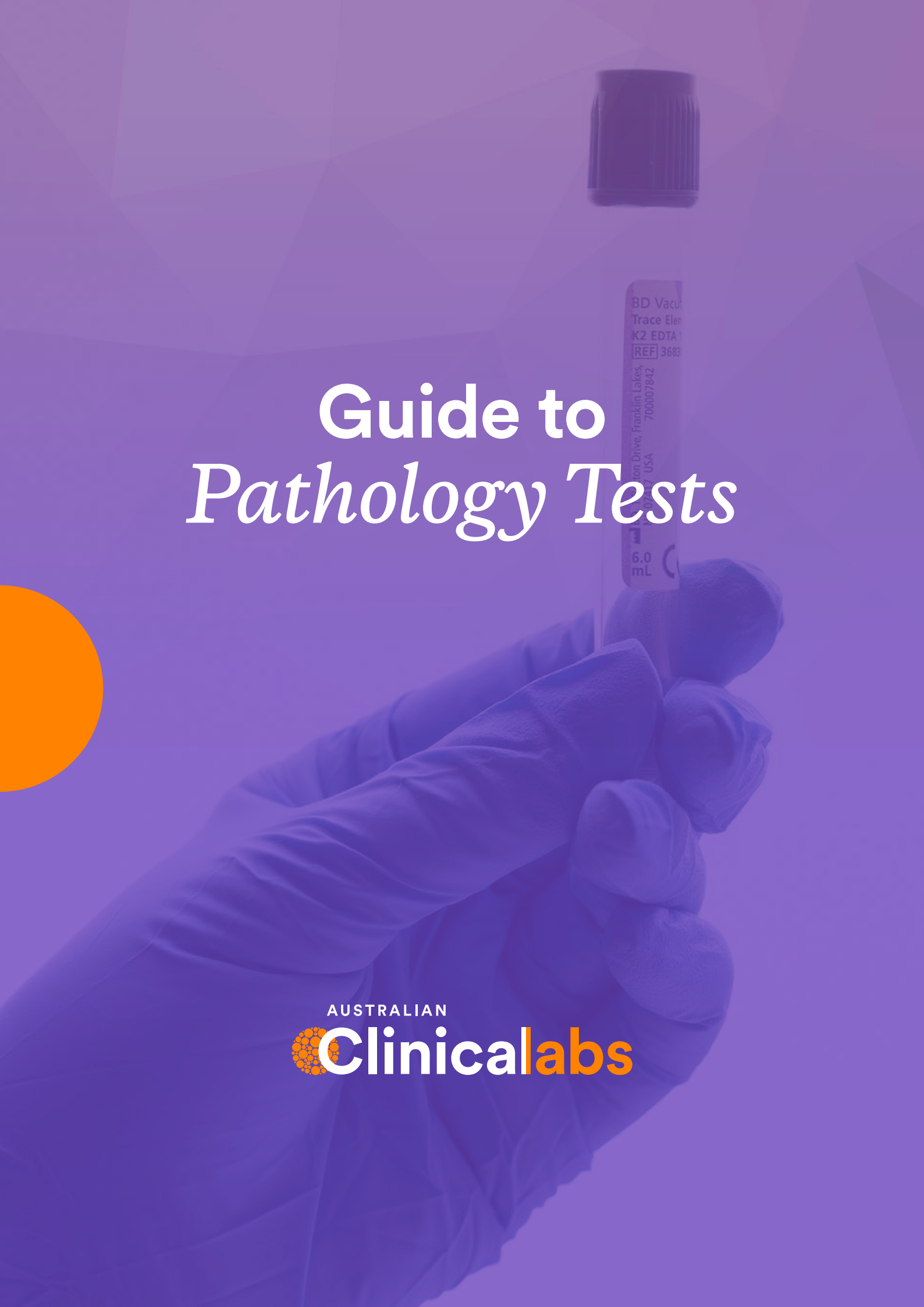


Guide to *Pathology Tests*

AUSTRALIAN Clinicallabs

AUSTRALIAN Clinicalabs

Guide to Pathology Tests



This quick reference guide provides suggested pathology investigations for common clinical presentations. The recommendations are intended as a guide only and are not exhaustive or applicable in every clinical situation. Investigations should be selected based on the patient's clinical history, signs, symptoms and previous test results.

For further information, please contact one of our pathologists or refer to ***The Royal College of Pathologists of Australia Manual*** at rcpa.edu.au/manuals.

A

ABDOMINAL PAIN

Baseline:	FBE, EUC, LFT, CRP, lipase, amylase, hCG if appropriate, Urine MCS
Add/Follow-Up:	Ca, PO4, Blood Gas, Faeces (MCS, OCP, PCR), Urine Porphobilinogen, Troponin I
Supplementary:	Blood Culture, *H. pylori* Faecal Antigen Test, Urea Breath Test, Calprotectin

If coeliac disease is likely: See COEALIAC DISEASE for recommendations.

If IBD is likely: ASCA and p-ANCA may assist in differentiating Crohn's disease from ulcerative colitis.

ADRENOCORTICAL FUNCTION

Addison's Disease

Baseline:	S-Cortisol, ACTH, EUC
Add/Follow-Up:	Synacthen Stimulation Test*
Supplementary:	Adrenal-Ab, Thyroid-Ab, Ovarian-Ab, TB, septicaemia and HIV infection, 17-OHP, VLCFA

**Please note: Clinical Labs does not administer the Synacthen.*

Congenital Adrenal Hyperplasia

Baseline:	17-OHP, Electrolytes
Add/Follow-Up:	Renin, ACTH
Supplementary:	Synacthen Stimulation* with 17-OHP determination to exclude partial 21-Hydroxylase deficiency

**Please note: Clinical Labs does not administer the Synacthen.*

Cushing Syndrome

Baseline:	Morning Serum Cortisol, ACTH, 24-Hour Urinary Free Cortisol, or 1 mg Overnight Dexamethasone Suppression Test
Add/Follow-Up:	Prolonged Dexamethasone Suppression Test, ACTH, Electrolytes, Midnight Salivary Cortisol

Phaeochromocytoma

Baseline:	Plasma Free Metanephrines or 24-Hour Urinary Fractionated Metanephrines
Add/Follow-Up:	24-Hour Urinary Catecholamines

ALLERGY

Baseline:	Specific IgE to individual allergens
Add/Follow-Up:	Total IgE, FBE, ESR
Supplementary:	Mast Cell Tryptase (for confirmation of anaphylaxis, especially in hospital referrals, or to differentiate Mast Cell Activation Disorder from Chronic Spontaneous Urticaria [CSU] or severe allergy)

AMENORRHOEA

Baseline:	hCG, LH, FSH
Add/Follow-Up:	E2, Prolactin, TFT, Progesterone
Supplementary:	Androstenedione, 17-OHP, Ovarian-Ab, Urinary Anabolic Steroids, Testosterone, DHEAS, Chromosome studies*

**Referred out test, not performed by Clinical Labs.*

ANAEMIA

Macrocytic

Baseline:	FBE, Blood Film, EUC, LFT, LDH, B12, Folate, TSH
Add/Follow-Up:	AIF, PCA, EPG, FLC, Haptoglobin
Supplementary:	Bone marrow biopsy

Microcytic

Baseline:	FBE, Iron Studies, EUC, LFT
Add/Follow-Up:	FOB, EPG, Hb electrophoresis
Supplementary:	Blood lead level

Normocytic

Baseline:	FBE, RETC, ESR, EUC, CRP
Add/Follow-Up:	Iron Studies, B12, Folate, LFT
Supplementary:	EPG, bone marrow biopsy

Refer to relevant disease-specific pathways if anaemia of chronic disease or haemolytic anaemia is suspected.

ANNUAL BLOOD TESTS FOR MEN

General Health & Haem:	FBE, Vitamin D, Iron Studies
Cardiovascular & Metabolic:	Lipid Profile, HbA1c, Glucose
Prostate & Hormonal Health:	PSA, Testosterone
Liver & Kidney Function:	LFT, EUC, Microalbumin
Men's Annual Screen (Full):	FBE, Vitamin D, Iron Studies, Lipid Profile, HbA1c, Glucose, PSA, Testosterone, LFT, EUC, Microalbumin

ANTENATAL TESTING

Pre-pregnancy:	Genetic Carrier Screening (CF, SMA & FXS), FBE, EUC, LFT, TFT, Folate, Iron Studies, STI Screen
High-risk patients:	Thyroid-Ab (anti-thyroglobulin, anti-TPO, TSI, TRAb), ANA, ENA (including anti-SSA/Ro and anti-SSB/La)
First visit and <20 weeks:	hCG, FBE, EUC, LFT, TFT, Blood Group & Antibodies, Fasting Glucose, Iron Studies, Rubella Immunity, Hep B Surface Antigen, Hep C Antibody, HIV Serology, Syphilis Serology, CMV, Urine MCS
Also consider:	Combined First Trimester Screening (cFTS), Non-Invasive Prenatal Test (NIPT), Pre-eclampsia Screening, Genetic Carrier Screening (CF, SMA & FXS) if not previously completed
26-28 weeks:	FBE, Iron Studies, Blood Group & Antibodies, GTT, Placental Growth Factor (PlGF) for late-onset pre-eclampsia
30-36 weeks:	FBE, Iron Studies, Group B Streptococcal vaginal and rectal swabs for culture, Placental Growth Factor (PlGF) for late-onset pre-eclampsia
Add/Follow-Up:	Cervical Screening Test (CST) if indicated or due during pregnancy (self-collect HPV testing available)
High-risk patients:	Thyroid-Ab (anti-thyroglobulin, anti-TPO, TSI, TRAb), ANA, ENA (including anti-SSA/Ro and anti-SSB/La), Vitamin D, Syphilis Serology
Postnatal:	TFT, GTT (where clinically indicated)

ANTICOAGULATION MONITORING (DOAC AND WARFARIN)

Baseline (prior to initiation):	FBE, EUC, LFT, Coagulation Screen (PT/INR, APTT)
Add/Follow-Up (DOAC):	EUC at least annually; more frequently if CrCl <60 mL/min, elderly or frail
Add/Follow-Up (Warfarin):	INR per titration schedule, then per local maintenance protocol once stable
Supplementary:	Anti-Xa (drug-specific) assay if bleeding, urgent surgery or extremes of body weight

ARTHRITIS

Baseline:	RF, anti-CCP Ab, ANA, ENA, anti-dsDNA
Add/Follow-Up:	FBE, ESR, CRP, Synovial fluid examination and biopsy if indicated. In patients with >3 months of unexplained low back pain with onset before age 45 years, consider HLA-B27 to support the assessment of suspected axial spondyloarthritis. Note: Spondyloarthritis may be associated with inflammatory bowel disease.

ATHEROSCLEROSIS/CARDIOVASCULAR RISK

Baseline:	Lipid Profile
Add/Follow-Up:	Lp(a), hs-CRP
Supplementary:	Troponin I, Glucose, HbA1c, Creatinine, ApoA-I, ApoB

B

BLEEDING DISORDERS

Baseline:	FBE and film, PT/INR, APTT, Fibrinogen, TT
Add/Follow-Up:	Blood: Lupus anticoagulant Serum: Cardiolipin Ab, β2GP1
Supplementary:	D-Dimer, Assays for Factor VIIIC, von Willebrand Disease Screen (VIIIC, VIIIAg, VIIIVWF), Factor IX, Factor XI, Factor XIII and Platelet Aggregation or other Factor Assays, Factor V Leiden, Prothrombin 20210, Protein C and S

BONE DISEASE & CALCIUM DISORDERS

Baseline:	Ca, Mg, PO4, ALP, Vitamin D, PTH
Add/Follow-Up:	ALP isoenzymes (if ALP elevated), P1NP, CTx

BULLOUS SKIN LESIONS

Baseline:	Skin biopsy for histology + direct immunofluorescence, Swab for MCS
Add/Follow-Up:	BP180/BP230 or desmoglein antibodies

CARDIAC ARRHYTHMIAS & PALPITATIONS

C

Baseline:	ECG
Add/Follow-Up:	Holter Monitoring, EUC, Ca, Mg, TFT, Digoxin Level, Troponin I

CHEST PAIN

Baseline:	ECG, Troponin I, D-Dimer (preferably in an Emergency Department setting)

COELIAC DISEASE

Baseline:	tTG-IgA, Total IgA, DGP-IgG (particularly in IgA deficiency), HLA-DQ2/DQ8 Genotyping
Add/Follow-Up:	Iron Studies, FBE, B12, Folate
Supplementary:	Small bowel biopsy, EMA-IgA (see US/EU guidelines for biopsy-free diagnosis)
Monitoring (diet compliance):	tTG-IgA

DELIRIUM

D

Baseline:	FBE, ESR, EUC, LFT, TSH, Glucose, Blood Culture, Urine MCS, CRP
Add/Follow-Up:	Blood Gas, COHB, Ca, Salicylate, Lithium, Cortisol, Urine Drug Screen, Blood Alcohol CSF: MCS, Cell Count, Protein, Glucose, Immunoglobulins Consider autoimmune and paraneoplastic causes of delirium where clinically indicated, including ANA, ENA (anti-ribosomal P), antiphospholipid antibodies, anti-NMDAR, anti-Hu and anti-GAD65 antibodies.

DIABETES (GESTATIONAL)

Baseline:	GTT at 24-28 weeks or earlier if indicated
Add/Follow-Up:	HbA1c (women with risk factors for hyperglycemia) in first trimester
Postnatal:	GTT 6-12 weeks postpartum if GDM diagnosed

DIABETES MELLITUS

Baseline:	Glucose, HbA1c (high risk, asymptomatic) or GTT
Monitoring:	HbA1c, Urine Albumin, Lipid Profile, Creatinine
Acutely ill:	Glucose, EUC, Blood Gas, FBE, β-Hydroxybutyrate, exclude underlying infection, ketones
Consider latent autoimmune diabetes in adults:	Anti-GAD, anti-IA2, anti-IAA (± anti-ZnT8 antibodies)

Search our **Test Collection Manual** *to access our full test list.*

DIARRHOEA

Laboratory requires clinical information including travel history.

Acute

Baseline:	Faeces MCS (1 per 7 days) for bacterial pathogens (Salmonella, Shigella, Campylobacter and others), Faecal Multiplex PCR for viral and protozoal pathogens, OCP
Add/Follow-Up:	Determined by history. Blood Culture for typhoid, *C. difficile* toxin testing for post-antibiotic diarrhoea on soft or liquid stools, viral outbreaks

Chronic

Baseline:	Faeces MCS, OCP, Faecal Multiplex PCR
Add/Follow-Up:	Cryptosporidium/Cyclospora Stains, Microsporidia Stain (HIV patients), Sudan Black Stain for Fat Globules
Supplementary:	Disaccharidases and/or Reducing Substances, Lactose Tolerance Test, H2 Breath Test, Coeliac Screen, Laxative Screen, Faecal Na, K, Osmolality
Consider IBD:	Faecal Calprotectin (assessment of intestinal inflammation). ASCA and p-ANCA may assist in differentiating Crohn's disease from ulcerative colitis.

E

ELECTROLYTE DISORDERS

Hyperkalaemia

Consider spurious result, renal failure, acidosis, adrenocortical insufficiency, drug-induced causes and cellular injury.

Baseline:	EUC, Glucose, FBE plus platelets
Add/Follow-Up:	Aldosterone:Renin ratio (in specific cases), Random Urine Na and K

Hypernatraemia

Baseline:	EUC
Add/Follow-Up:	Serum: Osmolality, Aldosterone:Renin ratio, ADH Urine: Osmolality, Na, K, Creatinine

Hypokalaemia

Baseline:	EUC, Mg, Glucose, Urine Na, Urine K, Urine Mg
Add/Follow-Up:	Aldosterone:Renin ratio, 24-Hour Urinary Free Cortisol Urine: Na, K, Cl

Hyponatraemia

Baseline:	EUC, Glucose, LFT, TSH
Add/Follow-Up:	TP, Cholesterol plus Triglycerides, Serum Osmolality, Cortisol, ADH, Urine Osmolality, Urine Na, K, Creatinine

If adrenal insufficiency is suspected, consider anti-adrenal antibodies and screening for associated autoimmune disorders and immunodeficiency.

ERECTILE DYSFUNCTION

Take the following into consideration when assessing the patient: Cardiovascular risk, diabetes mellitus, testicular failure, drug therapy, post-surgical causes, prostate radiation, neurological disease, renal failure and psychogenic causes.

Baseline:	EUC, LH, FSH, Testosterone, Prolactin, Glucose, HbA1c, SHBG

FATIGUE

F

Baseline:	B12, Folate, FBE, Glucose, Iron Studies, TFT, Vitamin D, EUC, LFT
Add/Follow-Up (Men):	Cortisol, Testosterone, SHBG, LH, FSH
Add/Follow-Up (Women):	Cortisol, Oestradiol, Progesterone, LH, FSH

GENITAL ULCER

G

Baseline:	Ulcer swab for herpes PCR and syphilis PCR (if indicated) Serum: Syphilis serology
Add/Follow-Up:	Consider HLA-B51 if Behçet disease is suspected, particularly in patients from higher-prevalence ethnic backgrounds.

GLP-1 AGONISTS MONITORING

Baseline (prior to initiation):	HbA1c, Fasting Glucose, EUC, LFT, TFT, Iron Studies, B12, Folate, Lipid Profile, Vitamin D, Ca
Nutritional Monitoring During Weight Loss:	• **Early Phase Monitoring (rapid weight loss)**: FBE, Iron Studies, B12, Folate, Vitamin D, Ca • **Maintenance Phase (6-12 monthly)**: Repeat "Early Phase Monitoring" ± albumin
Monitoring for Pancreatitis:	Serum lipase (preferred), Serum amylase
Gallbladder and Hepatobiliary Monitoring:	LFT

HAEMATURIA

H

Baseline:	Urinalysis, MCS, Red Cell Morphology
Add/Follow-Up:	Cytology
If glomerulonephritis is suspected:	ANA, Serum Complement C3/C4, ANCA, Anti-GBM, Serum IgA, Anti-DNase B, ASOT

HAEMOLYSIS

Baseline:	FBE, RETC, DAT, EUC, LFT (inc. Bilirubin), LDH, Haptoglobin
Add/Follow-Up:	Cold haemagglutinins, CRP, ANA, anti-dsDNA, NUC

One-Click Ordering of
Pathology Investigations

Almost all of the baseline pathology investigations recommended in this guide are available to order as one-click test profiles in Best Practice, MedicalDirector Clinical and eResults. *See back page for more information.*

Orders



HEART FAILURE

Baseline:	NT-proBNP or BNP, ECG

HEPATITIS

Baseline:	EUC, LFT, Urinalysis, FBE, PT
Acute:	Infectious: Hep A, B, C
	Hep E (requires specific clinical indication, e.g. recent travel or exposure to pork meat)
	Alcoholic hepatitis
	Drugs (Paracetamol, anticonvulsants, NSAIDS, etc.)
	Hepatic ischaemia
Chronic:	Severity and degree determined on liver biopsy
	Monitoring: LFT
	EPG (helpful in certain cases)
	Consider Hep B, C, D, autoimmune hepatitis, alcoholic hepatitis, drugs, Wilson's disease, AAT deficiency, PBC, PSC
Granulomatous:	Diagnosis requires liver biopsy
	Causes: Idiopathic, sarcoidosis, drugs (Allopurinol), infective, Hodgkin's lymphoma, berylliosis
Autoimmune Liver Disease:	ANA, anti-dsDNA, IgG, Smooth Muscle Antibody, LKM, AMA (± anti-F-actin); AIH and PBC immunoblots in selected patients

HEPARIN THERAPY

Baseline:	APTT
Add/Follow-Up:	Anti-Xa

HEREDITARY HAEMOCHROMATOSIS

Baseline:	Iron Studies, HFE gene mutations (*C282Y, H63D*), LFT, CRP
Add/Follow-Up:	HFE mutation *S65C*, liver biopsy

HIRSUTISM

Baseline:	LH, FSH, E2, Testosterone, SHBG, FAI, DHEAS
Add/Follow-Up:	17-OHP, Androstenedione, Glucose, HbA1c, GTT, IGF-1, GH, Cortisol

HYPERLIPIDAEMIA

Baseline:	Lipid Profile
Add/Follow-Up:	EUC, TSH, Glucose, HbA1c, Lp(a)
Supplementary:	ApoB, ApoA-I

HYPERTENSION

Baseline:	ABPM, EUC, Urine MCS
Add/Follow-Up:	Aldosterone:Renin ratio, Urine Catecholamine or Metabolites, Cortisol, TFT, LFT

HYPOGLYCAEMIA

Baseline:	Glucose, Insulin, C-peptide
Add/Follow-Up:	Cortisol, Growth Hormone, Proinsulin, Oral Hypoglycaemia Screen, Hydroxybutyrate

I

IMMUNODEFICIENCY

Baseline:	FBE, WCC Differential, Blood Film, Immunoglobulins (IgG, IgA, IgM), Blood Group, Lymphocyte Immunophenotyping, Serum Complement C3. If C3 is low, consider complement component testing (e.g. MBL in children), guided by patient's infection history.
Add/Follow-Up:	IgG Subclasses, Neutrophil Function Tests

INFERTILITY (Men)

Baseline:	Semen analysis (must reach lab within 1 hour with completed patient information sheet)
Add/Follow-Up:	LH, FSH, Testosterone, Prolactin, Iron Studies, Y Chromosome Microdeletion, Cystic Fibrosis Genetic Testing
Supplementary:	Sperm antibodies, testicular biopsy, Chromosome studies*

**Referred out test, not performed by Clinical Labs.*

INFERTILITY (Women)

Baseline:	LH, FSH, Day 21 progesterone, E2, AMH
Add/Follow-Up:	Prolactin, Testosterone, TFT, Serum Cortisol, IGF-1
Supplementary:	Endometrial biopsy; exclude PID and STI, Chromosome studies*

**Referred out test, not performed by Clinical Labs.*

INFLAMMATORY BOWEL DISEASE (IBD)

Baseline:	Faecal calprotectin, FBE, CRP, ESR, EUC, LFT
Add/Follow-Up:	Faeces MCS, Faecal Multiplex PCR

J

JAUNDICE

See LIVER DISEASE and HAEMOLYSIS

L

LIVER DISEASE

Baseline:	EUC, Glucose, LFT, FBE, Coagulation Studies, Serology relevant to history
Add/Follow-Up:	Ca, PO4, Mg
Supplementary:	AAT, Ceruloplasmin, Iron Studies, EPG, Urine Copper
Autoimmune Liver Disease:	See HEPATITIS

LUMPS

Biopsy for histological investigation

LYMPHADENOPATHY

Depends on site, age and clinical history/presentation.

Baseline:	FBE + differential, EBV, CMV, Throat Swab MCS
Add/Follow-Up:	HIV, Syphilis, Toxoplasma, ACE, EPG
Supplementary:	Lymph node FNA or biopsy, TB culture, fungal culture

M

MALABSORPTION

Baseline:	FBE, EUC, LFT, Glucose, Ca, Mg, PO4
	Faeces: MCS, Reducing Substances, Elastase, Sudan Black Stain for Fat Globules
Add/Follow-Up:	Iron Studies, B12, Folate, Immunoglobulins, Calprotectin, Coeliac Screen, H_2 Breath Test, Lactose Tolerance Test
Supplementary:	Small bowel biopsy for histology and disaccharidases

MENOPAUSE/PERIMENOPAUSE

Baseline:	E2, LH, FSH
Supplementary:	Bone Turnover Markers for osteopenia and Iron Studies

N

NEPHROCALCINOSIS

Baseline:	Stone Analysis, EUC, Serum Ca, Serum PO4, Urine Ca, Oxalate, Uric Acid, pH, Citrate, Cystine, Urine Mg
Add/Follow-Up:	ACE to exclude sarcoidosis, Vit D, PTH

NIPPLE DISCHARGE

If small amount of discharge: Smear onto a slide and allow to air dry.

If large amount of discharge: Collect in yellow top container.

DO NOT USE a gel or flocked swab, as these cannot be used for cytological assessment.

O

OSTEOPOROSIS

Calculate absolute fracture risk:
http://garvan.org.au/promotions/bone-fracture-risk/calculator/

Baseline: Blood: Ca, PO4, Albumin, Vitamin D, ALP, PTH

Urine: Ca, Creatinine, BTM (CTx, P1NP*)

Referred out test, not performed by Clinical Labs.

P

PHARYNGITIS

Baseline: Throat Swab MCS, EBV, CMV serology, Respiratory Multiplex PCR

Add/Follow-Up: ASOT, Anti-DNase B

POLYURIA

Baseline: EUC, Glucose, Urine MCS

Add/Follow-Up: Urine and Serum Osmolality, ADH (Copeptin)

Supplementary: Water deprivation test

R

RENAL DISORDERS/DISEASE

Baseline: FBE, EUC, Ca, PO4, Albumin, Uric Acid, Glucose, Urine Protein, Urine Albumin, Urine MCS

Add/Follow-Up: Urine creatinine clearance

If glomerulonephritis is suspected: ANA, Serum Complement C3/C4, ANCA, Anti-GBM, Serum IgA, Anti-DNase B, ASOT

RESPIRATORY INFECTIONS

Baseline: Respiratory Multiplex PCR

Add/Follow-Up: Sputum MCS (lower respiratory tract infection)

Throat Swab for Culture (pharyngitis)

Three early morning deep cough sputum samples for mycobacterial culture if TB is suspected

S

STATIN / LIPID-LOWERING THERAPY MONITORING

Baseline: Lipid Profile; LFT and CK only if clinically indicated

Add/Follow-Up: Repeat lipids 6-12 weeks after starting or adjusting dose, then annually

Supplementary: CK if myalgia/weakness reported; LFT only if clinically indicated (jaundice, malaise) - routine LFT surveillance is no longer recommended

STIs - SEXUALLY TRANSMITTED INFECTIONS

Baseline: Serum: HIV, Syphilis

Urine: Chlamydia PCR, Gonorrhoea MCS and PCR

Urethral/Vaginal Swab: Chlamydia PCR, Gonorrhoea MCS & PCR

Add/Follow-Up: Urine or Swab: *Mycoplasma genitalium* PCR + Macrolide Resistance Testing

Rectal/Throat Swabs: Chlamydia PCR, Gonorrhoea MCS & PCR

Lesion: Herpes PCR (if indicated), Syphilis PCR (if indicated)

Trichomonas: PCR (if indicated)

Cervical Screening Test (CST): HPV Testing in accordance with National Cervical Screening Program guidelines (self-collect HPV testing available)

If indicated: HBV sAg + Ab, HCV Ab

STEATORRHOEA

Baseline: Faeces: Sudan Black Stain for Fat Globules, Elastase, Calprotectin, Coeliac Screen

TESTOSTERONE REPLACEMENT THERAPY (MONITORING)

T

Baseline (prior to initiation): Early morning total testosterone (confirmed on 2 occasions), LH, FSH, SHBG, PSA (men > 40 or with risk factors), FBE (haematocrit), LFT, Lipid Profile, HbA1c

Add/Follow-Up (3-6 monthly after initiation, then annually once stable): Haematocrit/FBE (erythrocytosis risk), PSA, testosterone level (mid-dose interval), symptom/response review

Supplementary: Sleep study if OSA suspected (testosterone can worsen OSA); bone density if longstanding hypogonadism

THYROID DISORDERS

Baseline: TSH

Add/Follow-Up: Free T4, Free T3, Thyroid Autoantibodies (aTPO, aTG, TSI, TRAB)

Supplementary: Cholesterol, Pituitary Hormones, Iodine

URETHRITIS

U

See SEXUALLY TRANSMITTED INFECTIONS (STIs) and URINARY TRACT INFECTION (UTI)

URINARY TRACT INFECTION (UTI)

Baseline: Urinalysis, Urine MCS

Add/Follow-Up: Blood Culture (if febrile or systemically unwell)

Supplementary: STI Testing (if clinically indicated)

VTE / THROMBOPHILIA WORKUP

V

Baseline (acute event): FBE and film, EUC, LFT, D-Dimer (useful to help exclude if low pre-test probability), imaging (compression ultrasound/CTPA per presentation)

Add/Follow-Up: Consider thrombophilia testing only if it would change management e.g. unprovoked VTE at young age, strong family history, recurrent VTE, unusual site): Lupus anticoagulant, Anticardiolipin Ab, β2GP1, Protein C, Protein S, Antithrombin, Factor V Leiden, Prothrombin G20210A

Supplementary: Age-appropriate malignancy screen if unprovoked VTE in an older patient

Glossary of **Abbreviations**



17-OHP	17-Hydroxyprogesterone
AAT	Alpha-1-Antitrypsin
ABPM	Ambulatory Blood Pressure Monitoring
ACE	Angiotensin Converting Enzyme
ACTH	Adrenocorticotrophic Hormone
ADH	Antidiuretic Hormone (Vasopressin)
AIH	Autoimmune Hepatitis
ALP	Alkaline Phosphatase
AMA	Anti-Mitochondrial Antibody
AMH	Anti-Müllerian Hormone
ANA	Antinuclear Antibody
ANCA	Anti-Neutrophil Cytoplasmic Antibodies
Anti-CCP Ab	Anti-Cyclic Citrullinated Peptide Antibody
Anti-DNase B	Anti-Deoxyribonuclease B Antibody
Anti-dsDNA	Anti-Double-Stranded DNA Antibody
Anti-GBM	Anti-Glomerular Basement Membrane Antibody
Anti-GAD	Anti-Glutamic Acid Decarboxylase Antibody
Anti-Hu	Anti-Hu Antibody
Anti-IAA	Anti-Insulin Autoantibody
Anti-IA2	Anti-Islet Antigen-2 Antibody
Anti-NMDAR	Anti-N-Methyl-D-Aspartate Receptor Antibody
Anti-PLA2R	Anti-Phospholipase A2 Receptor Antibody
Anti-SSA/Ro	Anti-Sjögren Syndrome Antigen A (Ro) Antibody
Anti-SSB/La	Anti-Sjögren Syndrome Antigen B (La) Antibody
Anti-Xa	Anti-Factor Xa Activity
Anti-ZnT8	Anti-Zinc Transporter 8 Antibody
ApoA-I	Apolipoprotein A-I
ApoB	Apolipoprotein B
APTT	Activated Partial Thromboplastin Time
ASCA	Anti-Saccharomyces Cerevisiae Antibodies
ASOT	Anti-Streptolysin O Titre
aTG	Anti-Thyroglobulin Antibody
aTPO	Anti-Thyroid Peroxidase Antibody
B12	Vitamin B12
β2GP1	Beta-2-Glycoprotein 1 Antibody
BNP	B-type Natriuretic Peptide
BTM	Bone Turnover Markers
Ca	Calcium
CF	Cystic Fibrosis
Cl	Chloride
CK	Creatine Kinase
CMV	Cytomegalovirus
COHB	Carboxyhaemoglobin
CrCl	Creatinine Clearance
CRP	C-Reactive Protein
CSF	Cerebrospinal Fluid
CTPA	Computed Tomography Pulmonary Angiography
CTx	C-Terminal Telopeptide of Type I Collagen
DAT	Direct Antiglobulin Test
DGP-IgG	Deamidated Gliadin Peptide IgG Antibody
DHEAS	Dehydroepiandrosterone Sulphate
DOAC	Direct Oral Anticoagulant
E2	Oestradiol
EBV	Epstein-Barr Virus
ECG	Electrocardiogram
EMA-IgA	Endomysial Antibody IgA
ENA	Extractable Nuclear Antigen
EPG	Serum Protein Electrophoresis
ESR	Erythrocyte Sedimentation Rate
EUC	Electrolytes, Urea & Creatinine
FAI	Free Androgen Index
FBE	Full Blood Examination
FLC	Serum Free Light Chains
FNA	Fine Needle Aspiration
FOB	Faecal Occult Blood
FSH	Follicle Stimulating Hormone
FXS	Fragile X Syndrome
GDM	Gestational Diabetes Mellitus
GH	Growth Hormone
GTT	Glucose Tolerance Test
HbA1c	Glycated Haemoglobin
HBV	Hepatitis B Virus
hCG	Human Chorionic Gonadotrophin
HCV	Hepatitis C Virus
HDL-C	High-Density Lipoprotein Cholesterol
HIV	Human Immunodeficiency Virus
HLA	Human Leukocyte Antigen
HPV	Human Papillomavirus
hs-CRP	High-sensitivity C-Reactive Protein
IBD	Inflammatory Bowel Disease
IFA	Intrinsic Factor Antibody
IgA	Immunoglobulin A
IgE	Immunoglobulin E
IGF-1	Insulin-Like Growth Factor 1
IgG	Immunoglobulin G
IgM	Immunoglobulin M
INR	International Normalised Ratio
K	Potassium
LFT	Liver Function Tests
LH	Luteinising Hormone
LKM	Liver Kidney Microsomal Antibody
Lp(a)	Lipoprotein(a)
MCS	Microscopy, Culture & Sensitivity
MBL	Mannose-Binding Lectin
Mg	Magnesium
Na	Sodium
NT-proBNP	N-terminal pro-B-type Natriuretic Peptide
NUC	Nucleosome Antibody
OCP	Ova, Cysts and Parasites
OSA	Obstructive Sleep Apnoea
P1NP	Procollagen Type 1 N-Terminal Propeptide
PBC	Primary Biliary Cholangitis
PCA	Parietal Cell Antibody
PCR	Polymerase Chain Reaction
PID	Pelvic Inflammatory Disease
PO4	Phosphate
PSA	Prostate-Specific Antigen
PSC	Primary Sclerosing Cholangitis
PT	Prothrombin Time
PTH	Parathyroid Hormone
RETC	Reticulocyte Count
RF	Rheumatoid Factor
SHBG	Sex Hormone-Binding Globulin
SMA	Spinal Muscular Atrophy
STI	Sexually Transmitted Infection
TB	Tuberculosis
TFT	Thyroid Function Tests
TP	Total Protein
TRAb	TSH Receptor Antibody
TSH	Thyroid Stimulating Hormone
TSI	Thyroid Stimulating Immunoglobulin
TT	Thrombin Time
tTG-IgA	Tissue Transglutaminase IgA Antibody
VLCFA	Very Long Chain Fatty Acids

One-Click Ordering of **Pathology Investigations**

Almost all of the baseline pathology investigations recommended in this guide are available to order as one-click test profiles in Best Practice, MedicalDirector Clinical and eResults. Here's how to do it:

For Best Practice users:

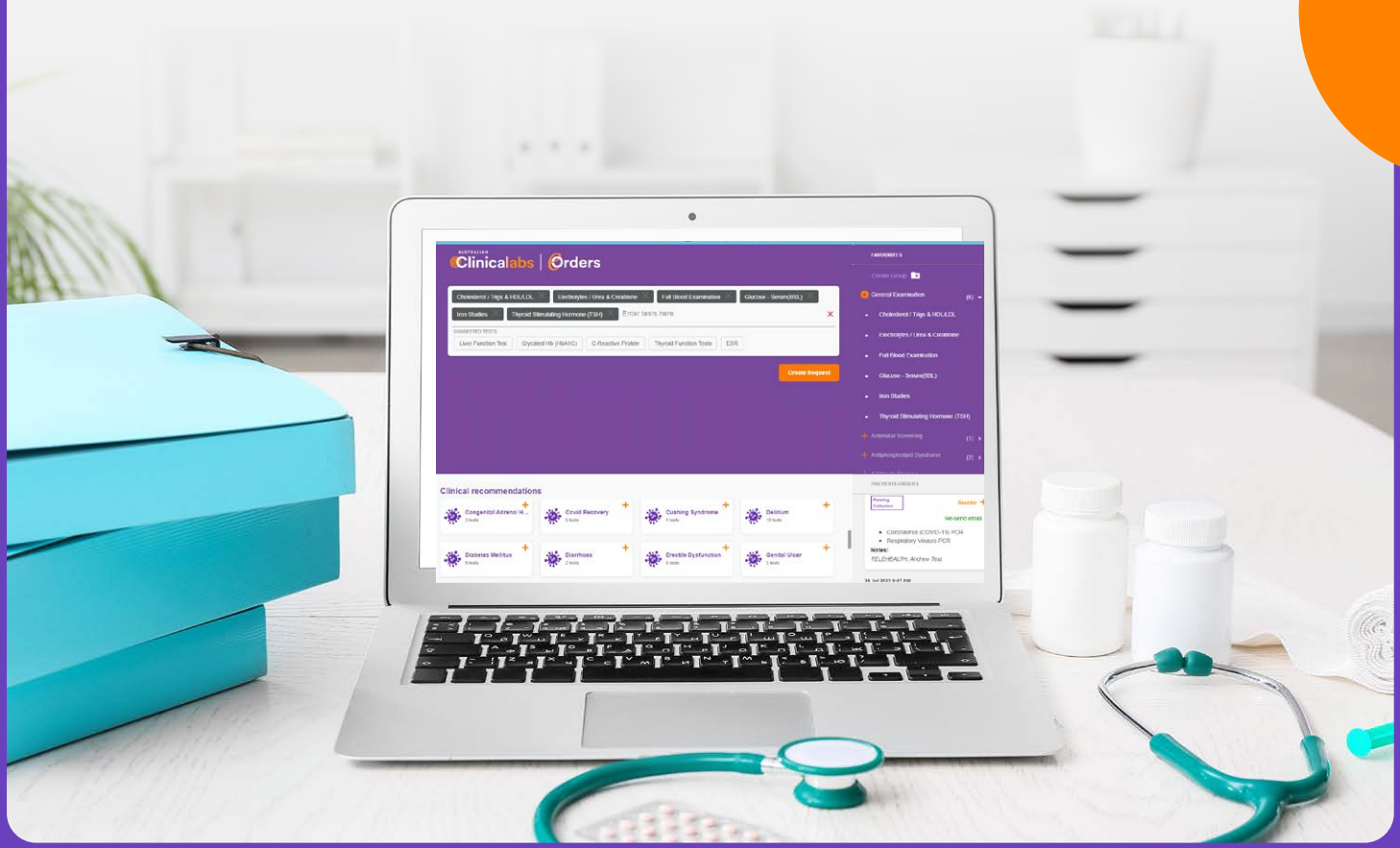
- ensure you are set up with eOrders
- select ACL as your preferred laboratory
- from the pathology ordering screen, navigate to 'Recommended tests' and search for the clinical category under the 'Clinical details' list
- *Tip: They are also available in our main Best Practice test list, allowing users to locate them via a Test Search. Tests included in each profile can be viewed in the 'Further Information' section.*

For MedicalDirector Clinical users:

- ensure you are set up with eOrders
- select ACL as your preferred laboratory
- from the pathology ordering screen, navigate to 'Clinical Recommendations' and search for the clinical category

Need eOrders?

To register for eOrders, visit **clinicallabs.com.au/ehealthregistration** or scan the QR code. Once eOrders is installed, ensure Australian Clinical Labs is selected as your preferred laboratory.



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