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| **Liver Function Tests** | | | |
| **Synonyms** | |  | LFTs |
| **Clinical Indication** | |  | Used in the diagnosis and monitoring of liver disease.  Should not be repeated within 3 days unless specifically indicated e.g. paracetamol overdose.  Where globulin concentration is found to be raised above a locally determined cut-off, serum electrophoresis may be automatically added to the request, unless serum electrophoresis has been performed for that patient within 60 days. |
| **Part of Profile / See Also** | |  | Total Protein, Albumin, Globulin, Total Bilirubin, Alkaline Phosphatase  ALT |
| **Request Form** | |  | Combined Pathology manual Blood form or ICE request |
| **Availability / Frequency of Analysis** | |  | On request.  Minimum retesting interval is 24 hours. |
| **Turnaround Time** | |  | Same day |
| **Patient Preparation** | |  | None required. |
| **Sample Requirements** | |  |  |
| **Specimen Type** |  | Serum and plasma |
| **Volume** |  | 2 ml |
| **Acceptable Containers** |  | Yellow top (SST) tube  Green top (lithium-heparin) tube  paediatric orange top (lithium-heparin)  paediatric green top (lithium-heparin)  Plain serum samples may also be used. |
| **Reference Range & Units** | |  | See individual assays. |
| **Interferences** | |  | Patients may have a falsely low ALT if there is significant levels of sulfasalazine or sulfapyridine present in their blood. Therefore, in such patients, it is recommended that blood for ALT is taken before next dose (trough level) when any interference will be minimised. |
| **Interpretation & Clinical**  **Decision Value (if applicable)** | |  |  |
| **References** | |  |  |
| **Test code** | |  | L |
| **Lab Handling** | |  | Analysed from primary tube and stored at 4°C.  Serum and plasma samples stable for 7 days at 4°C. |