

extent as to compromise the diagnostic accuracy of FT₄ measurements for assessing thyroid status. The conclusion is that if thyroid function is to be evaluated in patients who require heparin, the test should be done before heparin is started. If the blood is drawn on a euthyroid heparinized patient, that patient may be misclassified as hyperthyroid, or a hypothyroid as normal, if RIA-I is used, and a normal patient would be misdiagnosed as hypothyroid if RIA-II is used. It might be argued that since T₄, FT₄ index, and T₃ are not altered by heparin, these may be more appropriate tests, but it is widely recognized that each of these tests may be subnormal in sick patients (7,8,16,17) and, therefore, less satisfactory than FT₄ measurements.

FOOTNOTES

* Clinical Assays, Cambridge, MA.

† Amersham, Arlington Heights, IL.

‡ Nuclear Diagnostics, Inc., Troy, MI.

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