

Reference:	FOI.12104.23
Subject:	Triiodothyronine (T3) testing
Date of Request:	2 July 2023

Requested:

When doing blood tests for thyroid disorders, TSH, T3 and T4 were commonly done to give an overall view of the health of the patient.

GPs are now not allowed to order testing of T3. The laboratories do not test T3 now even if the other tests are out of range. NHS Wales has told me they do not have a policy on testing or not testing T3.

Who has made this decision within Hywel Dda to not test T3, and why?

Response:

NICE guideline (NG145) Thyroid disease: assessment and management states:

"In general TSH alone is an appropriate first test for people in whom thyroid dysfunction is suspected. Subsequent tests are only needed if TSH is abnormal (with FT4 if the TSH suggests hypothyroidism and both FT4 and FT3 if the TSH suggests hyperthyroidism). This approach reduces unnecessary testing compared with simultaneous TSH, FT4 and FT3 testing for all people".

The detailed guidance can be accessed via this hyperlink:

[Overview | Thyroid disease: assessment and management | Guidance | NICE](#)

The UHB uses an All Wales Laboratory Information System (LIMS) which is set up in exactly the same way for all Health Boards across Wales. Currently, unless a patient is stated to have treated Hypothyroidism, the UHB offers Thyroid Stimulating Hormone (TSH) and free Thyroxine (T4) as first line tests. Free T3 would be added automatically in some situations, such as where there is suggestion of Hyperthyroidism or may be added by Clinical Scientists at the time of authorisation. If a patient is already on Levothyroxine for primary Hypothyroidism, then TSH only is the first line test. Free T4 may be added, depending on the TSH result, although the requirement to add this at all is being considered nationally within the laboratory network, as guidance would suggest it is not routinely required. When national decisions are made regarding thyroid testing protocols in the All Wales LIMS, the advice and endorsement of the Welsh Endocrine and Diabetes Society may be sought.

Therefore, after seeing many inappropriate free T3 requests, and in the spirit of prudent and value based healthcare, a decision was made by the Clinical Scientist Team within the UHB to restrict free T3 requesting from Primary Care, knowing that it can be added where needed.