Thyroid Stimulating Hormone (TSH) (TSH)

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TEST OVERVIEW

Test Name	Thyroid Stimulating Hormone (TSH)
Test Code	TSH
Short Description	TSH

OVERVIEW

Test Name	Thyroid Stimulating Hormone (TSH)
Test Code	TSH
Category	Immunoassay
TAT	Main Lab: 6 Hour(s) Family Site: <6hrs, <8hrs
Specimen(s)	1 x Venous blood - 5 mL Tube - Gold - SST

SPECIMEN(S)

SST

Specimen Type	SST
Specimen Format	Tube
Specimen Colour	Gold
Specimen Volume	5 mL
Sampling Order	2
Origin	Venous blood
Collection time after baseline	-
Transport Temperature	15-25°C
Accepted Other Specimens	Lithium Heparin Plasma Sodium Heparin Plasma Serum

	EDTA Plasma
TAT	Main Lab: 6 Hour(s) Family Site: <6hrs, <8hrs
Test Stability	Room Temp: 24 Hour(s) 2–8°C: 7 Day(s)

CLINICAL INFORMATION

Thyroid Stiumulating Hormone (TSH)

Methodology	Chemiluminescent immunoassays (CLIA)
Specimen Type	SST
Delay before pre-treatment	24
Transport Temperature	15-25°C
Transport Stability at room temp	24 Hours
Transport Stability at 2–8°C	7 Day
Haemolysis interference	No

Clinical Interest

TSH is a hormone produced by the pituitary gland that stimulates the thyroid gland to produce thyroid hormones (T3 and T4). These hormones regulate the body's metabolism.

Thyroid-Stimulating Hormone (TSH) assays are critically important in the clinical setting for diagnosing and managing thyroid disorders.

Elevated TSH levels typically indicate hypothyroidism, a condition where the thyroid gland is underactive and does not produce sufficient thyroid hormones. Symptoms include fatigue, weight gain, cold intolerance, and depression.

Patients on thyroid hormone replacement therapy (e.g., levothyroxine) require regular TSH testing to ensure the dosage is appropriate. The goal is to maintain TSH within a target range, usually the lower half of the reference range.

Suppressed or low TSH levels usually indicate hyperthyroidism, a condition where the thyroid gland is overactive, producing excessive thyroid hormones. Symptoms include weight loss, heat intolerance, anxiety, and palpitations.

Patients receiving antithyroid medications, radioactive iodine, or surgery for hyperthyroidism need TSH monitoring to avoid overtreatment and subsequent hypothyroidism.

PATIENT INFORMATION

Clinical Information Required	History of thyroid or cervical surgery or irradiation Monitoring as part of treatment Current or recent treatments Time of last medication taken Drug name Dosage Pregnancy
Patient Collection Notes	-

COMMENTS & NOTES

LOINC Code	16-3, 3016-3
Outwork	No