# Transition Guide and FAQs for the Access T-Uptake Product Obsolescence

### Q1: Why should I consider switching from T-Uptake to free T4 testing?

**A1:** T-Uptake is an older method used to indirectly measure free thyroxine levels in the body. However, it is now considered obsolete due to its reliance on calculations and lack of direct measurement accuracy. Switching to free T4 testing offers a more precise and reliable way to assess your free thyroxine levels, providing better insights into your thyroid health.

### Q2: What is free T4 and how is it different from T-Uptake?

**A2:** Free T4 is a direct measure of the level of free thyroxine in the bloodstream, reflecting the amount of active thyroid hormone available. Unlike T-Uptake, which estimates free thyroxine levels indirectly, free T4 testing provides a more accurate and straightforward assessment of thyroid function.

### Q3: What are the benefits of using free T4 testing over T-Uptake?

**A3:** Free T4 testing offers several advantages over T-Uptake, including:

- Greater accuracy: Free T4 testing provides a direct measurement of free thyroxine levels, offering more precise information about your thyroid function.
- Improved diagnosis: By using free T4 testing, healthcare providers can better diagnose thyroid disorders and monitor treatment effectiveness.
- Enhanced patient care: Switching to free T4 testing ensures that clinicians receive the most up-to-date and accurate information about their patient's thyroid health, leading to better management and care.

### Q4: Why should physicians NOT use T-Uptake?

**A4:**

- Free T4 and TSH are better tests for the evaluation of hyper- and hypothyroidism.
- T-Uptake testing should only be used to determine a free thyroxine index and has been replaced by more sensitive TSH and free T4 assays.
- T-Uptake is not recommended for routine thyroid disorder screening. The preferred alternative is Free T4.
- T uptake is of little clinical value alone; it is used to determine the free thyroxine index.

Q5: What should I do if I am concerned about no longer being able to calculate the Free Thyroxine Index (FTI) for patients during pregnancy and how can I ensure accurate assessment of thyroid function?

A5: Assessing thyroid function during pregnancy can be challenging due to physiological changes, such as increased levels of thyroid-binding globulin (TBG). Although the Free Thyroxine Index (FTI) was historically used to account for these changes, modern and direct thyroid assays are now preferred. By utilizing direct measurements of FT4 and TSH, along with appropriate trimester-specific reference ranges and clinical context, physicians can accurately evaluate thyroid function in pregnant patients without the need for calculating the Free Thyroxine Index (FTI).

Q6: How can I learn more about free T4 testing and its benefits?

A6: If you have further questions about free T4 testing or would like to understand more about its benefits for assessing thyroid function, please see the additional resources listed below:

- From AACC: https://www.aacc.org/advocacy-and-outreach/optimal-testing-guide-to-lab-test-utilization/t-z/t3-uptake
- From ARUP: https://ltd.aruplab.com/Tests/Pub/3005977
- Suggested reading:
  a) Ross DS, Burch HB, Cooper DS, Greenlee MC, Laurberg P, Maia AL, Rivkees SA, Samuels M, Sosa JA, Stan MN, Walter MA. 2016 American Thyroid Association Guidelines for Diagnosis and Management of Hyperthyroidism and Other Causes of Thyrotoxicosis. Thyroid. 2016 Oct;26(10):1343-1421. doi: 10.1089/thy.2016.0229. Erratum in: Thyroid. 2017 Nov;27(11):1462. doi: 10.1089/thy.2016.0229.correx. PMID: 27521067.
  b) Geno KA, Reed MS, Cervinski MA, Nerenz RD. Evaluation of Thyroid Function in Pregnant Women Using Automated Immunoassays. Clin Chem. 2021 Apr 29;67(5):772-780. doi: 10.1093/clinchem/hvab009. PMID: 33928365.