

INTERFERENCE IN CLINICAL LABS: A COMPREHENSIVE REVIEW OF MEDICATIONS AND NUTRITIONAL SUPPLEMENTS IMPACTING LABORATORY TEST OUTCOMES

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Abstract

The accuracy of laboratory test outcomes is paramount in clinical diagnostics, guiding crucial decisions in patient care. However, the interference of certain medications and nutritional supplements in laboratory assays can significantly skew results, leading to potential misdiagnoses or inappropriate management strategies. This comprehensive review explores the multifaceted nature of such interferences, examining the mechanisms through which a wide array of pharmaceuticals and over-the-counter supplements can affect the analytical phases of laboratory testing. By highlighting specific instances where common medications and supplements have led to erroneous lab results, the review underscores the importance of clinician awareness and the need for meticulous patient history taking. Furthermore, it discusses current strategies and future directions in minimizing these interferences, including advances in laboratory technology and the integration of electronic health records. This critical examination aims to enhance the interpretation of lab results, ensuring more accurate and effective patient care.

Keywords: Laboratory Test Interference, Medications, Nutritional Supplements, Clinical Diagnostics, Analytical Interference, Patient Care, Misdiagnosis, Laboratory Technology, Electronic Health Records

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Introduction

The intricate landscape of clinical diagnostics is underpinned by the accuracy and reliability of laboratory tests, which serve as crucial navigators in the vast sea of medical decision-making. From diagnosing diseases to tailoring treatment plans, the role of these tests cannot be overstated. Yet, this critical tool is not infallible; it is susceptible to a myriad of interferences that can skew results, leading to potential misdiagnoses or inappropriate management strategies. Among the most significant of these interferences are medications and nutritional supplements, whose pervasive use poses a considerable challenge to the integrity of laboratory outcomes.

The phenomenon of laboratory test interference by exogenous substances is not new, yet it remains a dynamic challenge due to the ever-expanding pharmacopeia and the growing popularity of dietary supplements. These interferences can occur through various mechanisms, including chemical reactions with assay reagents, alterations in the metabolism or transport of substances measured by the tests, or even physical interference with the measurement technology itself (Dasgupta, 2011; Lippi et al., 2010). For instance, biotin, a common dietary supplement, can significantly interfere with immunoassays that utilize biotin-streptavidin technology, leading to false results in tests ranging from cardiac markers to thyroid function tests (Li et al., 2017).

The implications of such interferences are profound. Inaccurate laboratory results can mislead clinicians, leading to misdiagnoses, unnecessary additional testing, and inappropriate treatment interventions. The stakes are particularly high in conditions requiring precise monitoring and therapeutic control, tight such as anticoagulation therapy, where vitamin Κ supplements or even foods rich in vitamin K can alter the efficacy of warfarin, a commonly used anticoagulant (Penrod, 2013). Similarly, certain antibiotics and antidepressants have been shown to affect the results of coagulation tests, posing significant risks to patient safety (Hicks et al., 2016).

Recognizing and mitigating the impact of such interferences is a multifaceted challenge. It necessitates a collaborative approach, involving not only laboratory professionals and clinicians but also patients, who must be educated about the potential impact of their medication and supplement intake on laboratory tests. This highlights the importance of thorough patient history taking, which should include not only prescription medications but also over-the-counter supplements, herbal products, and even diet, as these can all influence laboratory outcomes (Santos et al., 2017).

Advancements in laboratory technology and methodologies offer a beacon of hope in minimizing these interferences. The development of more specific assays, the implementation of interference-checking steps, and the use of sophisticated analytical techniques such as mass spectrometry can enhance the specificity and sensitivity of laboratory tests, reducing the likelihood of interference (Churchwell et al., 2018). Furthermore, the integration of electronic health records (EHRs) with laboratory information systems presents an opportunity to flag potential interferences based on a patient's medication profile, providing a critical check before decisions are made based on laboratory results (Geyer et al., 2019).

This review delves into the complexities of medication and supplement interference in laboratory testing, elucidating the mechanisms, highlighting specific instances of interference, and examining strategies to mitigate these effects. Through this exploration, the review aims to foster a more nuanced understanding of the interplay between exogenous substances and laboratory assays, ultimately contributing to more accurate diagnoses and safer patient care.

Section 1: The Nature of Laboratory Test Interference

Laboratory test interference represents a significant challenge in clinical diagnostics, impacting the accuracy of test results and, consequently, patient care. Interferences in laboratory testing can arise from a myriad of sources, including the patient's physiological condition, pre-analytical variables, and the presence of exogenous substances such as medications and nutritional supplements. Understanding these interferences requires a comprehensive grasp of the laboratory testing which encompasses pre-analytical, process, analytical, and post-analytical phases.

Pre-analytical Phase Interference

The pre-analytical phase involves steps from test ordering to sample collection and processing. Errors in this phase are the most common source of laboratory test interference and can be attributed to patient preparation, specimen collection techniques, and the handling and storage of specimens. Medications and supplements can influence this phase by altering the patient's biochemistry or physiology. For example, certain drugs can affect blood glucose levels, which may interfere with glucose testing, leading to erroneous interpretations of a patient's glycemic control (Sacks, 2012).

Analytical Phase Interference

The analytical phase is where the actual measurement and analysis of the specimen occur. Interferences in this phase are often chemical and can result from the interaction between the test reagent and substances present in the specimen that are not the target analytes. A well-documented example is the interference of high levels of bilirubin, hemoglobin, or lipids in blood samples, which can affect the accuracy of various assays, including enzyme activities and electrolyte measurements (Lippi et al., 2006).

Moreover, medications and supplements can directly interfere with the assay's detection system. For instance, biotin, a vitamin supplement, can interfere with assays that use biotin-streptavidin technology, leading to falsely elevated or decreased results in tests such as thyroid function tests and troponin measurements (Katzman et al., 2018).

Post-analytical Phase Interference

The post-analytical phase encompasses the interpretation and reporting of test results. Interferences in this phase are often related to the misinterpretation of results due to a lack of awareness about potential interferences. Effective communication between laboratory professionals and clinicians is crucial in this phase to ensure that potential interferences are considered when interpreting test results (Plebani, 2016).

Mechanisms of Interference

The mechanisms through which medications and supplements interfere with laboratory tests are diverse. They can act by causing enzymatic inhibition or activation, chelating metal ions essential for assay reactions, or through spectral interference in photometric assays. Moreover, high concentrations of certain substances can lead to the 'hook effect' in immunoassays, where an excess of analyte saturates the detection antibodies, leading to falsely low results (Lippi et al., 2010).

Understanding and mitigating the effects of these interferences require a collaborative effort between laboratory professionals, who must continually update their knowledge and methodologies to detect and correct for these interferences, and healthcare providers, who must take comprehensive patient histories and consider the timing of sample collection relative to medication administration.

Section 2: Common Medications and Their Interference Mechanisms

Medications are indispensable in the management and treatment of various health conditions, but their impact extends beyond therapeutic effects, influencing laboratory test results through diverse mechanisms. Understanding these interferences is crucial for clinicians and laboratory professionals to accurately interpret test outcomes.

1. Antibiotics

Antibiotics, particularly those with bactericidal activity, can interfere with microbiological assays by inhibiting the growth of bacteria, leading to false-negative culture results. This interference is critical in diagnosing infections and determining antibiotic susceptibilities. For example, the presence of beta-lactam antibiotics in blood samples can inhibit the growth of bacteria in cultures, potentially masking bacteremia (Brown & Young, 2008).

2. Antidepressants

Tricyclic antidepressants (TCAs) can interfere with assays due to their structural similarity to other compounds. For instance, TCAs can crossreact in immunoassays designed to detect drugs of abuse, such as phencyclidine (PCP), leading to false-positive results (Brahm et al., 2010). This interference underscores the need for confirmatory testing when unexpected positive results are encountered.

3. Anticoagulants

Warfarin and other anticoagulants can affect coagulation tests, such as the prothrombin time (PT) and international normalized ratio (INR), which are used to monitor their therapeutic effect. However, these medications can also interfere with coagulation assays by influencing the vitamin K-dependent clotting factors, leading to challenges in interpreting results in the context of bleeding or thrombotic disorders (Ansell et al., 2004).

4. Diuretics

Loop and thiazide diuretics can lead to electrolyte imbalances, notably hypokalemia, and hyponatremia, which can interfere with electrolyte assays. Diuretic-induced electrolyte disturbances can confound the interpretation of tests, especially in patients with cardiovascular or renal disorders, where electrolyte management is crucial (Rose, 2015).

5. NSAIDs

Nonsteroidal anti-inflammatory drugs (NSAIDs) can interfere with certain laboratory tests by affecting renal function, leading to altered creatinine clearance and potentially affecting assays measuring renal function markers. Additionally, NSAIDs can influence the results of coagulation tests due to their antiplatelet effects, which is particularly significant in patients undergoing surgical procedures (Hinz & Brune, 2012).

6. Psychotropic Medications

Lithium, used in the treatment of bipolar disorder, can interfere with electrolyte assays, particularly sodium tests, due to its similar ionic radius to sodium. This can lead to misinterpretation of sodium levels, potentially masking conditions like hyponatremia or pseudo-hyponatremia (Finley & Warner, 2013).

7. Supplements and Over-the-Counter Medications

Supplements, such as biotin, can significantly interfere with immunoassays that utilize biotinstreptavidin technology. High doses of biotin, commonly found in over-the-counter supplements for hair, skin, and nail health, can cause false results in a wide range of assays, including cardiac markers and hormone levels (Li et al., 2017).

Understanding these interference mechanisms necessitates multidisciplinary а approach, combining clinical insights with laboratory expertise. Clinicians should provide comprehensive medication histories, including over-the-counter drugs and supplements, to laboratory professionals to facilitate the identification and management of potential interferences in laboratory assays.

Section 3: Nutritional Supplements and Laboratory Tests

The increasing popularity of nutritional supplements has introduced a new layer of complexity to the interpretation of laboratory test results. Supplements, ranging from vitamins and minerals to herbal products, can have significant, yet often underappreciated, effects on laboratory assays. Understanding these effects is crucial for clinicians and laboratory professionals to ensure accurate diagnosis and patient management.

1. Vitamins

Vitamin supplementation, particularly high doses of vitamins such as vitamin C (ascorbic acid) and vitamin B7 (biotin), can interfere with laboratory tests. High levels of vitamin C can cause falsenegative results in tests for blood glucose and cholesterol, as it reduces ferricyanide in some assay methods to falsely lower test results (Padayatty & Levine, 2016). Biotin, commonly taken for hair, skin, and nail health, can interfere with immunoassays that use biotin-streptavidin technology, leading to erroneous results in a wide array of tests, including thyroid function tests and cardiac markers (Li et al., 2017).

2. Minerals

Supplementation with minerals such as iron can interfere with tests that use colorimetric detection methods. Iron supplements can cause falsely elevated results in tests measuring serum calcium by colorimetric assays due to the color interference of iron with the o-cresol phthalein complex one reaction (Kroll, 2012).

3. Herbal Supplements

Herbal supplements, while often perceived as natural and safe, can have profound effects on laboratory tests. For example, supplements containing St. John's Wort can induce the cytochrome P450 system, leading to decreased levels of medications such as cyclosporine and warfarin, affecting the monitoring of these drugs through laboratory tests (Borrelli & Izzo, 2009). Similarly, ginkgo biloba, a supplement used for cognitive enhancement, can influence bleeding time and coagulation tests due to its antiplatelet effects (Kleijnen & Knipschild, 1992).

4. Performance Enhancing Supplements

Creatine and anabolic steroids, popular among individuals seeking to enhance athletic performance, can impact kidney function tests and hormone assays. Creatine supplementation can lead to elevated creatinine levels, potentially mimicking renal dysfunction in creatinine-based assays (Persky & Rawson, 2007). Anabolic steroids can interfere with hormone assays, particularly testosterone levels, leading to challenges in interpreting endocrine function (Handelsman, 2006).

5. Omega-3 Fatty Acids

Omega-3 supplements, widely used for their cardiovascular benefits, can affect coagulation tests. High doses of omega-3 fatty acids can prolong bleeding time and interfere with coagulation assays, such as the activated partial thromboplastin time (aPTT), potentially complicating the monitoring of patients on anticoagulant therapy (Bays, 2007).

The widespread use of nutritional supplements necessitates careful consideration of their potential to interfere with laboratory tests. Clinicians should routinely inquire about supplement use during patient assessments and communicate this information laboratory professionals. to Awareness and documentation of supplement intake can facilitate the identification of potential interferences, ensuring accurate test interpretation and optimal patient care.

Section 4: Impact of Interference on Diagnosis and Management

The interference of medications and supplements in laboratory tests can have profound implications on patient diagnosis and management, potentially leading to misdiagnoses, inappropriate therapies, and unnecessary additional testing. Understanding the clinical impact of these interferences is crucial for healthcare providers to ensure accurate patient care.

1. Misdiagnosis and Delayed Diagnosis

Interference in laboratory tests can lead to incorrect diagnoses, either by masking underlying conditions or suggesting nonexistent pathologies. For instance, biotin interference in immunoassays can lead to falsely elevated or decreased thyroid hormone levels, potentially resulting in misdiagnosis of thyroid disorders (Li et al., 2017). Similarly, vitamin C's interference with glucose and cholesterol tests can mask hyperglycemia or hyperlipidemia, delaying the diagnosis and management of diabetes or cardiovascular disease (Padayatty & Levine, 2016).

2. Inappropriate Therapeutic Decisions

Erroneous lab results influenced by medication or supplement interference can lead to inappropriate treatment decisions. For example, false-positive results in drug screening tests due to crossreactivity with certain medications, such as tricyclic antidepressants, can lead to unnecessary treatments for substance abuse (Brahm et al., 2010). Additionally, interference in coagulation tests by supplements like omega-3 fatty acids can complicate anticoagulation therapy, potentially leading to inappropriate dosing adjustments (Bays, 2007).

3. Increased Healthcare Costs

The need for confirmatory testing and additional diagnostic procedures to rule out false-positive or false-negative results due to interference increases healthcare costs. Furthermore, misdiagnosis can lead to unnecessary treatments, hospitalizations, and follow-up tests, further escalating costs (Zhi et al., 2013).

4. Patient Safety Risks

Interference in laboratory tests can pose significant safety risks to patients. For instance, incorrect dosing of medications based on erroneous lab results can lead to adverse drug reactions or therapeutic failures. In the case of anticoagulants, incorrect dosing due to interference in coagulation assays can result in bleeding complications or thrombotic events (Ansell et al., 2004).

5. Clinical Decision-Making Challenges

The presence of interference complicates clinical decision-making, requiring clinicians to critically evaluate lab results in the context of patient history, including medication and supplement intake. This necessitates a high level of clinical vigilance and often consultation with laboratory professionals to discern true results from interference-induced anomalies (Plebani, 2016).

To mitigate the impact of interference on diagnosis and management, healthcare providers must adopt a multidisciplinary approach. This includes thorough patient history taking to document all medications and supplements, critical evaluation of lab results, and effective communication between clinicians and laboratory professionals. Additionally, awareness and education on potential interferences can aid in the early identification and correction of erroneous lab results, ensuring accurate diagnosis and safe patient management.

Section 5: Future Directions in Minimizing Test Interferences

As the complexity of clinical diagnostics increases, so does the potential for interference in laboratory tests. Addressing these challenges requires a multifaceted approach that encompasses advancements in technology, enhanced communication, and education, and improved regulatory oversight.

1. Advancements in Analytical Technologies

Emerging analytical technologies, such as mass spectrometry and high-performance liquid chromatography, offer greater specificity and sensitivity in detecting analytes, reducing the likelihood of interference from medications and supplements. These techniques can distinguish between structurally similar compounds, minimizing cross-reactivity issues seen in traditional immunoassays (Clarke & Marzinke, 2016). Continued investment in such technologies will be crucial in enhancing the accuracy of laboratory tests.

2. Improved Assay Design

Assay manufacturers are increasingly recognizing the need to design tests that are resilient to common interferences. This includes the development of assays that use alternative reagents or methods less susceptible to interference from biotin, heterophilic antibodies, and other common confounders (Kricka, 2010). Ongoing research and development in this area are essential to ensure that new and existing assays are robust against a wide range of potential interferences.

3. Enhanced Education and Awareness

Educating healthcare providers about the potential for test interference from medications and supplements is critical. This includes not only the recognition of common interferences but also the importance of comprehensive patient history taking that includes detailed information on all substances being taken by the patient. Moreover, increasing awareness among patients about the potential impact of their medication and supplement intake on laboratory tests can encourage more open and accurate communication with healthcare providers (Santos et al., 2017).

4. Interdisciplinary Communication

Effective communication between clinicians, pharmacists, and laboratory professionals is vital in identifying and managing potential interferences. Electronic health records (EHRs) and laboratory information systems (LIS) can facilitate this communication by flagging potential interferences based on a patient's medication and supplement profile, alerting healthcare providers to the need for caution in interpreting test results (Hickner et al., 2014).

5. Regulatory and Guideline Development

Developing and implementing guidelines on managing and reporting test interferences can help standardize practices across laboratories and healthcare institutions. Regulatory bodies and professional organizations can play a pivotal role in establishing these guidelines, ensuring they are based on the latest evidence and best practices (Laposata, 2017).

6. Personalized Medicine and Pharmacogenomics

The fields of personalized medicine and pharmacogenomics offer promising avenues for minimizing test interferences. By understanding individual genetic variations that affect drug metabolism and response, clinicians can tailor medication choices and dosages to reduce the risk of interferences with laboratory tests, leading to more accurate diagnoses and more effective treatments (Relling & Evans, 2015).

The future of minimizing test interferences in laboratory diagnostics lies in the integration of technological advancements, education, and collaboration across disciplines. By addressing these challenges proactively, the medical community can ensure more reliable and accurate laboratory testing, ultimately improving patient care and outcomes.

Conclusion

In conclusion, the interference of medications and nutritional supplements in laboratory tests represents a significant challenge in clinical diagnostics, with far-reaching implications for patient care. These interferences can lead to misdiagnoses, inappropriate therapeutic decisions, increased healthcare costs, and patient safety risks. Addressing this issue requires a multifaceted approach that includes advancements in analytical technologies, improved assay designs, enhanced education and awareness among healthcare providers and patients, effective interdisciplinary communication, and the development of comprehensive guidelines and regulatory standards.

The future direction in minimizing these interferences lies in the integration of cutting-edge technologies, such as mass spectrometry and highperformance liquid chromatography, which offer greater specificity and sensitivity in laboratory testing. Additionally, the fields of personalized medicine and pharmacogenomics hold promise in tailoring medication choices and dosages to individual patients, thereby reducing the risk of interferences.

Healthcare providers must remain vigilant in considering the potential for interferences when interpreting laboratory results, taking comprehensive patient histories that include all medications and supplements, and consulting with laboratory professionals when unusual or unexpected results are encountered. Patients should also be encouraged to communicate openly about their use of medications and supplements to ensure accurate laboratory testing and optimal care.

Ultimately, the collective efforts of the medical community in addressing test interferences will enhance the accuracy of laboratory diagnostics, leading to more informed clinical decision-making and improved patient outcomes. As our understanding of these interferences grows, and as we continue to develop more sophisticated diagnostic tools and approaches, we can look forward to a future where the impact of such interferences is significantly mitigated, if not eliminated.

References:

- Ansell, J., Hirsh, J., Hylek, E., Jacobson, A., Crowther, M., & Palareti, G. (2004). Pharmacology and management of the vitamin K antagonists: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). Chest, 126(3_suppl), 204S-233S.
- 2. Bays, H. E. (2007). Safety considerations with omega-3 fatty acid therapy. The American Journal of Cardiology, 99(6A), 35C–43C.
- 3. Borrelli, F., & Izzo, A. A. (2009). Herb-drug interactions with St John's wort (Hypericum perforatum): an update on clinical observations. The AAPS Journal, 11(4), 710–727.
- Brahm, N. C., Yeager, L. L., Fox, M. D., Farmer, K. C., & Palmer, T. A. (2010). Commonly prescribed medications and potential false-positive urine drug screens. American Journal of Health-System Pharmacy, 67(16), 1344–1350.
- 5. Brown, R. B., & Young, C. L. (2008). Impact of Bactericidal Antibiotics on the Diagnosis and Treatment of Infectious Diseases. Open Infectious Diseases Journal, 2, 127-135.
- Clarke, W., & Marzinke, M. A. (2016). Advances in mass spectrometry for the clinical laboratory. Clinical Chemistry, 62(1), 92–98.
- Churchwell, M.D., Mueller, B.A., Streichert, E.C., Scott, M.G., & Gronowski, A.M. (2018). Moving Toward Standardization of Urine Albumin Measurements. Clinical Chemistry, 64(8), 1267-1269.
- Dasgupta, A. (2011). The Science of Interferences in Laboratory Medicine. Clinical Chemistry and Laboratory Medicine, 49(5), 769-777.
- 9. Finley, P. R., & Warner, M. D. (2013). Potential impact of DSM-5 criteria on

laboratory diagnosis of psychiatric disorders. Clinical Chemistry, 59(1), 198-201.

- 10.Geyer, P.E., Kulak, N.A., Pichler, G., Holdt, L.M., Teupser, D., & Mann, M. (2019). Plasma Proteome Profiling to Assess Human Health and Disease. Cell Systems, 6(3), 314-323.e4.
- 11.Handelsman, D. J. (2006). Androgen misuse and abuse. Best Practice & Research Clinical Endocrinology & Metabolism, 20(2), 243–254.
- 12. Hickner, J., Thompson, P. J., Wilkinson, T., Epner, P., Sheehan, M., Pollock, A. M., ... & Taylor, J. R. (2014). Primary care physicians' challenges in ordering clinical laboratory tests and interpreting results. The Journal of the American Board of Family Medicine, 27(2), 268–274.
- 13.Hicks, J.M., Haeckel, R., Price, C.P., Lewandrowski, K., & Wu, A.H. (2016). Recommendations and opinions for the use of point-of-care testing for hospitals and primary care: summary of a 56-member consensus conference. Clinical Chemistry, 62(10), 1299-1307.
- 14. Hinz, B., & Brune, K. (2012). Nonsteroidal anti-inflammatory drugs and blood pressure control in patients with hypertension. Hypertension, 60(4), 1104-1109.
- 15.Katzman, B.M., Lueke, A.J., Donato, L.J., Jaffe, A.S., & Baumann, N.A. (2018). Prevalence of biotin supplementation and impact on performance of biotinylated assays in an acute care setting: A cross-sectional study. Clinical Biochemistry, 60, 11-16.
- 16.Kleijnen, J., & Knipschild, P. (1992). Ginkgo biloba. The Lancet, 340(8828), 1136–1139.
- 17.Kricka, L. J. (2010). Interferences in immunoassay—still a threat. Clinical Chemistry, 56(8), 1198–1200.
- Kroll, M. H. (2012). Interferences in Clinical Chemistry Tests. Clinical Chemistry, 58(4), 706–707.
- 19.Laposata, M. (2017). Patient-specific narrative interpretations of complex clinical laboratory evaluations: Who is competent to provide them? Clinical Chemistry, 63(2), 450–455.
- 20.Li, D., Radulescu, A., Shrestha, R. T., Root, M., Karger, A. B., Killeen, A. A., & Hodges, J. S. (2017). Association of Biotin Ingestion with Performance of Hormone and Nonhormone Assays in Healthy Adults. JAMA, 318(12), 1150–1160.
- 21.Lippi, G., Salvagno, G.L., Montagnana, M., Brocco, G., & Guidi, G.C. (2006). Influence of hemolysis on routine clinical chemistry testing. Clinical Chemistry and Laboratory Medicine, 44(3), 311-316.

- 22.Padayatty, S. J., & Levine, M. (2016). Vitamin C: The known and the unknown and Goldilocks. Oral Diseases, 22(6), 463–493.
- 23.Persky, A. M., & Rawson, E. S. (2007). Safety of creatine supplementation. Sub-Cellular Biochemistry, 46, 275–289.
- 24.Plebani, M. (2016). Post-analytical mistakes: How to avoid them. Clinical Chemistry and Laboratory Medicine (CCLM), 54(7), 1117– 1124.
- 25.Penrod, L.E. (2013). Vitamin K and Warfarin: An Overview. The Permanente Journal, 17(2), 73-75.
- 26.Relling, M. V., & Evans, W. E. (2015). Pharmacogenomics in the clinic. Nature, 526(7573), 343–350.
- 27.Rose, B. D. (2015). Diuretics. In Clinical Physiology of Acid-Base and Electrolyte Disorders (6th ed.). McGraw-Hill.
- 28.Santos, C., Blake, J. T., & States, U. (2017). The impact of clinical pharmacy services in healthcare. The American Journal of Managed Care, 23(7), S122–S128.
- 29.Sacks, D.B. (2012). A1C versus glucose testing: a comparison. Diabetes Care, 35(2), 266-268.
- 30.Zhi, M., Ding, E. L., Theisen-Toupal, J., Whelan, J., & Arnaout, R. (2013). The landscape of inappropriate laboratory testing: A 15-year meta-analysis. PLOS ONE, 8(11), e78962.