

<b>Bilirubin (total)</b>	
<b>Description</b>	Bilirubin (total) is measured as part of LFT profile.
<b>Indication</b>	Assists detection, diagnosis and control of hepatobiliary disorders and haemolytic disease. Assessment of jaundice severity and detection of haemolytic anaemia.
<b>Additional Info</b>	Approximately 85% of the total bilirubin produced is derived from haemoglobin released from senescent erythrocytes destroyed in the reticuloendothelial system. Bilirubin produced in peripheral tissues is transported to the liver bound to albumin. It is conjugated with glucuronic acid in the hepatocytes producing monoacid diglucuronides which are excreted into bile.
<b>Concurrent Tests</b>	Direct (conjugated) bilirubin, ALT, GGT, ALP
<b>Dietary Requirements</b>	N/A
<b>Interpretation</b>	Causes of hyperbilirubinaemia include: (A) Pre hepatic (overproduction of bilirubin) e.g. haemolytic anaemia, Gilbert's disease. (B) Hepatocellular e.g. hepatitis, cirrhosis. (C) Cholestatic (bile flow obstruction) (i) Intra hepatic e.g. primary biliary cirrhosis, drugs (chlorpromazine). (ii) Extra hepatic e.g. cholelithiasis, tumours
<b>Collection Conditions</b>	Haemolysed samples are unsuitable for bilirubin measurement.
<b>Frequency of testing</b>	Non acute setting: 1 – 3 month intervals <sup>1</sup> Acute inpatient setting: weekly intervals <sup>2</sup>

1-Primary Care and Laboratory Medicine, Frequently Asked Questions (2011), Smellie S, Galloway M, McNulty S.ACB Venture Publications

2-National Minimum Re-testing Interval Project: A final report detailing consensus recommendations for minimum re-testing intervals for use in Clinical Biochemistry (2013). <http://www.acb.org.uk/docs/default-source/guidelines/acb-mri-recommendations-a4-computer.pdf?sfvrsn=2>