



PROCEDURES TO FOLLOW IN THE EVENT OF AN ABNORMAL RESULT

FERRITIN

- The level of ferritin must always be correlated with the level of C-reactive-protein or with the sedimentation rate.
- If **ferritin > 300 ng/ml**, it is not permitted to take iron even orally. Repeat the examination at the next control.
- Genetic test (once in a lifetime) for gene abnormality HFE if:
 - **ferritin > 1000 ng/ml**
 - **ferritin > 500 ng/ml** in two consecutive tests
 - If test + for homozygosity/heterozygosity: ask for specialised opinion (gastro-enterologist or hepatologist or haematologist)
 - If test -: specialised opinion (gastro-enterologist or hepatologist or haematologist) if still high at the next test

CORTISOL

- In the event of a plasmatic cortisol level **< 50 ng/ml (<140 nmol/l)**, and the athlete does not justify a corticosteroid treatment, repeat the examination at 08.00 am, in the 3 days following the reception of the result. If the athlete has received a corticosteroid treatment, the examination will be repeated in the 7 days following the reception of the result. The attitude to adopt will be decided by the team doctor.

TOTAL TESTOSTERONE

- In the event of a total plasmatic testosterone level of **< 2 ng/ml or > 12 ng/ml (< 7 nmol/l or > 42 nmol/l)**: repeat the examination in the 10 days following the reception of the result as well as LH determination. If both values are abnormal, consult an endocrinologist in the 20 days following the reception of the result and inform the UCI doctor.

HAEMATOPOIESIS

- Abnormal levels:
 - **Haematocrit: > 50 %**
 - **Haemoglobin: > 17 g/dl (10,5 mmol/l)**
 - **Reticulocytes : < 0.4 % or > 2.4 %**
< 20000/ μ l or > 120000/ μ l
- In the event of an abnormal result of one of these parameters: redo all the haematological tests within a deadline of 10 days following the reception of the results. If the abnormal result is confirmed, the procedure to follow should be discussed with the UCI doctor.