Screening laboratory testing augments a physical examination in two ways: 1) test results may provide an impetus for lifestyle changes that can reduce the risk of developing a life-threatening condition, and 2) testing prior to the development of symptoms may help to detect disease in an early treatable stage. The following are recommended testing for men and women in different age groups.

**Conditions**

- **Cervical Cancer*:** Refer to separate WA Clinical Laboratory Advisory Council PAP Smear Referral Guideline on the following website: [http://www.doh.wa.gov/lqa.htm](http://www.doh.wa.gov/lqa.htm) (select Practice Guidelines link)

- **Chlamydia Infections*:** Refer to separate WA Clinical Laboratory Advisory Council Chlamydia trachomatis Testing Guideline on the following website: [http://www.doh.wa.gov/lqa.htm](http://www.doh.wa.gov/lqa.htm) (select Practice Guidelines link)

- **Hypercholesteremia*:** Refer to separate WA Clinical Laboratory Advisory Council Lipid Screening Guideline on the following website: [http://www.doh.wa.gov/lqa.htm](http://www.doh.wa.gov/lqa.htm) (select Practice Guidelines link)

- **Diabetes*:** Refer to separate WA Clinical Laboratory Advisory Council Diabetes Screening Guideline on the following website: [http://www.doh.wa.gov/lqa.htm](http://www.doh.wa.gov/lqa.htm) (select Practice Guidelines link)

- **Prostate Cancer*:** Refer to separate WA Clinical Laboratory Advisory Council PSA Screening Guideline on the following website: [http://www.doh.wa.gov/lqa.htm](http://www.doh.wa.gov/lqa.htm) (select Practice Guidelines link)

- **Thyroid Dysfunction*:** Refer to separate WA Clinical Laboratory Advisory Council Thyroid Screening Guideline on the following website: [http://www.doh.wa.gov/lqa.htm](http://www.doh.wa.gov/lqa.htm) (select Practice Guidelines link)

- **Chronic Kidney Disease:** Refer to separate WA Clinical Laboratory Advisory Council Renal Disease Screening with eGFR Guideline on the following website: [http://www.doh.wa.gov/lqa.htm](http://www.doh.wa.gov/lqa.htm) (select Practice Guidelines link)

FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Testing for Adolescents (13-19)</th>
<th>Testing for Adults (20-29)</th>
<th>Testing for Adults (30-49)</th>
<th>Testing for Adults 50 and Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron Overload</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>CAP: Begin screening at age 20. Perform transferrin saturation testing (TS; iron/TIBC) and follow-up with ferritin if elevated. Persons with elevated TS and normal ferritin initially may be followed with ferritin testing at 1 to 2 year intervals.</td>
<td>CAP: Perform transferrin saturation testing (TS; iron/TIBC) and follow-up with ferritin if elevated. Persons with elevated TS and normal ferritin initially may be followed with ferritin testing at 1 to 2 year intervals. Many hemochromatosis homozygotes have symptoms and signs of illness by age 40.</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>ACS: Beginning at age 50, one of five screening options: 1) a fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year, or 2) a flexible sigmoidoscopy every 5 years, or 3) an FOBT or FIT every year plus flexible sigmoidoscopy every 5 years (of the first 3 options, the combination of FOBT or FIT every year plus flexible sigmoidoscopy every 5 years is preferable), or 4) double-contrast barium enema every 5 years, or 5) a colonoscopy every 10 years.</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations of Recommending Organizations: ACS, American Cancer Society; CAP, College of American Pathologists;

References