Biochemistry and immunology tests relevant to haematology: these feature commonly in A&Gs to haematology, but are processed in the biochemistry laboratory, and abnormalities can be non-haematological:

ALP (alkaline phosphatase)
ALP is not typically elevated in myeloma, and not specific for other haematological malignancies. A good starting point for investigating high ALP is bone profile, GGT and vitamin D levels.

LDH
LDH (lactate dehydrogenase) is a non-specific marker of cell turn over. For a full list of causes please consult relevant literature. In haematology practice, it is a purely **prognostic** marker for high grade lymphoma, and helpful in monitoring haemolysis. It does **not** have any diagnostic value for haematological malignancies.

High B12
High B12 is common in liver disease (please check GGT and EthOH as well as LFT). Please check for over the counter supplements and intake of energy drinks. While B12 can be high in low grade myeloid disorders such as MDS and MPD, additional tests are not indicated in the presence of a normal FBC. If no other cause of high B12 is found, from haematology point of view an annual FBC may be considered.

Haptoglobulins
Haptoglobulins are low in haemolysis. This biochemistry test does not have other uses in haematology practice. Elevated Haptoglobulins are part of the inflammatory response. They can be low in liver disease for example.

Immunoglobulins
Immunoglobulins are processed by the immunology department. In the absence of a paraprotein demonstrated by serum electrophoresis, please direct enquiries to the immunologist.

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