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Understanding Your Blood Test Results

A patient information leaflet from Camelford Medical Centre

Every blood test result is reviewed by a clinician before any action is taken. Most slightly abnormal results are not a cause for concern. We interpret results alongside your symptoms, medical history, medication, and previous results.

What this leaflet explains

- why blood tests are requested and how they are reviewed,
- why some results are marked as abnormal even when no urgent action is needed,
- what common result comments mean,
- why repeat tests are sometimes needed and why timing matters, and
- where to find reliable further information.

Before your blood test

- Most blood tests do not require fasting unless we specifically ask you to fast.
- Drink water as normal unless you have been advised otherwise.
- Take your usual medicines unless a clinician has told you not to.
- Please attend at the time requested. Morning appointments help samples reach the laboratory promptly and reduce the risk of inaccurate results.
- Some tests are time-sensitive, so blood tests may not be taken late in the day if the sample cannot reach the laboratory in time.

What happens after your blood test?

- Your blood sample is sent to the laboratory.
- The result is returned to the practice electronically.
- A clinician reviews the result and adds a comment or action.
- If urgent action is needed, we will contact you.
- If a repeat test or routine review is needed, this will be stated in the clinician comment.

Reception staff can read out the clinician comment, but they cannot interpret results or give medical advice. Please do not book an appointment in advance just to discuss results unless we have asked you to do so. Results may be normal, may not yet be back, or may already have a clear action added by the clinician.

Why slightly abnormal results are common

Blood tests are usually reported against a laboratory reference range. This is the range in which most healthy people fall. It is normal for a small number of healthy people to have a result just outside this range.

A single mildly abnormal result often has little significance. Clinicians look at the whole picture, including whether the result is changing over time, whether several related tests are abnormal, whether you have symptoms, and whether medication or a long-term condition explains the result.

For example, a liver test just outside the normal range may not mean there is a liver problem, especially if the rest of the liver tests are normal and there are no concerning symptoms. A very abnormal result or a clear worsening trend is treated differently and will be reviewed accordingly.

Why blood tests are sometimes repeated

A repeat blood test does not necessarily mean something serious is wrong. We may repeat a test to confirm an unexpected result, check whether a mild abnormality is improving or worsening, monitor a long-term condition, or assess response to treatment.

Occasionally a result can be affected by sample handling, machine problems, or delay in the sample reaching the laboratory. Potassium is a common example: a mildly raised potassium result can sometimes be caused by changes in the sample after it has been taken. If this is suspected, a repeat blood test may be arranged promptly.

Some tests should not be repeated too early. HbA1c reflects average blood sugar over about 2 to 3 months, so repeating it before 3 months is usually not helpful unless there is a specific clinical reason. After a thyroid medication dose change, thyroid blood tests are usually repeated after 6 to 8 weeks.

Blood tests requested by hospital or specialist teams

If a hospital consultant, specialist nurse, midwife, outpatient clinic, or other specialist team requested the test, they are usually responsible for explaining the result and deciding the next step. This is because they requested the test for a particular specialist reason and are best placed to interpret it.

The GP practice will review results copied to us, but we may advise you to contact the specialist team if they requested the test or if the result relates to hospital treatment.

Common result comments and what they mean

Result comment	What it usually means
Results satisfactory. No further action required.	The result has been reviewed, and no further action is needed.
Results stable. Continue current management.	The result is acceptable compared with previous results. Continue your current plan.
Mild abnormality identified. Repeat blood test in 4 weeks unless clinically indicated sooner.	A small change has been seen, and we want to check the trend.
Please arrange repeat blood test within 48 hours / 1 week / 2 weeks / 4 weeks / 3 months.	The clinician has advised a repeat test within a specific timeframe.
Please arrange a routine GP/pharmacist appointment within 2-4 weeks.	The result needs discussion, but this is not usually urgent.
Please pass to the duty clinician today before contacting the patient.	The result needs same-day clinical review before advice is given.
Await consultant action / speak to clinician who requested test.	The test was requested by a hospital or specialist team, who should interpret it and advise you.
Antenatal bloods.	The test was requested by your midwife or antenatal team. Please discuss the result with them.
On correct antibiotics.	A culture result suggests the antibiotic you are taking is suitable for the infection tested.
Repeat if still symptomatic.	The result may be normal or unclear, but a repeat may be needed if symptoms continue.

HbA1c and diabetes

HbA1c measures average blood sugar over the previous 2 to 3 months. It is used to diagnose and monitor diabetes.

- Normal HbA1c: no evidence of diabetes unless there are other clinical concerns.

- Pre-diabetes range: you are not diabetic, but you have a higher risk of developing diabetes. Lifestyle advice and follow-up may help reduce this risk.
- First HbA1c in the diabetic range: we will usually contact you and book you with the Diabetes Lead, GP, or appropriate clinician. HbA1c should not usually be repeated before 3 months unless clinically indicated.
- Known diabetes: HbA1c is reviewed as part of your diabetes care. If treatment or lifestyle changes are made, repeat HbA1c is usually arranged after 3 months.

Kidney function, eGFR and potassium
Kidney function blood tests include urea, electrolytes, creatinine and eGFR. eGFR is an estimated measure of how well the kidneys are filtering. Mildly reduced eGFR is common, especially with age, and the trend over time is often more important than a single result.

Potassium is an important salt in the blood. An unexpectedly mildly raised potassium may need repeating quickly to exclude a false high result caused by sample handling or delay. A significantly raised potassium, worsening kidney function, or concerning symptoms will be reviewed urgently.

Liver function tests
Liver function tests look at liver enzymes, bilirubin and related markers. Mild abnormalities are common and may be due to medication, alcohol, fatty liver, recent illness, or natural variation. We may repeat the test after a set interval or arrange a review if the abnormality persists or is significant.

Full blood count, iron, ferritin, B12 and folate
A full blood count checks for anaemia, infection and other blood disorders. Ferritin helps assess iron stores. Vitamin B12 and folate deficiencies can contribute to anaemia, tiredness, mouth symptoms, or nerve symptoms. If a deficiency is found, the clinician will advise whether replacement, repeat testing, or further investigation is needed.

Thyroid function
Thyroid tests check whether the thyroid is underactive or overactive. If you take levothyroxine, routine monitoring is usually yearly when stable. If the dose is changed, a repeat test is usually arranged after 6 to 8 weeks.

Cholesterol and cardiovascular risk
Cholesterol results are interpreted alongside other risk factors such as age, smoking, blood pressure, diabetes, kidney disease and family history. A risk calculator may be used to estimate your chance of heart attack or stroke over the next 10 years. Depending on this risk, lifestyle advice or medication such as a statin may be discussed.

PSA and prostate health
PSA is a blood test that can be used when assessing prostate health. There is no national prostate cancer screening programme. PSA results need careful interpretation alongside age, urinary symptoms, infection, examination findings, and previous PSA results. If a hospital specialist is already monitoring your PSA, they will usually advise the appropriate interval.

Urine ACR and urine infection results
Urine ACR checks for small amounts of protein in the urine. It is used in diabetes, blood pressure monitoring and kidney disease. If raised, we may ask for a repeat early morning urine sample, often after 3 months, unless clinical circumstances require earlier action.

Urine infection results must be interpreted with symptoms. A positive or unclear result does not always mean antibiotics are needed. If you remain unwell or symptoms continue, please contact the practice.

How often routine blood tests are usually needed

These are general examples. Your clinician may advise a different interval depending on your medication, condition, previous results, or symptoms.

Condition or situation	Typical monitoring when stable
High blood pressure	Usually yearly kidney function; urine and cholesterol/glucose monitoring as advised.
Heart disease or stroke	Usually yearly blood tests such as cholesterol and kidney function.
Diabetes	At least yearly review including HbA1c, kidney function, cholesterol, blood pressure and urine ACR; more often if treatment is changing.
Thyroid disease on levothyroxine	Usually yearly thyroid blood test when stable; repeat 6-8 weeks after dose changes.
Chronic kidney disease	Usually yearly kidney blood test and urine ACR when stable; more often depending on stage or medication.
Cholesterol monitoring	If low risk and normal, repeat may only be needed every few years. If on treatment, interval depends on clinical circumstances.
Warfarin / INR	Monitored according to INR protocol. If you have not heard from us by 5pm on the day of an INR test, please contact the surgery.

Why unnecessary blood tests are avoided

Blood tests are important, but unnecessary or too-frequent testing can cause avoidable worry, lead to misleading results, and use appointments that may be needed for patients requiring urgent investigation. We encourage blood tests when clinically appropriate and avoid repeating tests earlier than recommended unless there is a clear reason.

Reliable further information

- Patient.info: Blood tests
- NHS Health A-Z
- Patient.info: HbA1c and blood glucose tests
- Patient.info: Pre-diabetes
- Patient.info: Chronic kidney disease
- Patient.info: eGFR
- Patient.info: Vitamin D deficiency
- Patient.info: Folate / folic acid
- Patient.info: High cholesterol
- Patient.info: Statins
- Patient.info: Cardiovascular health risk assessment
- NHS: Electrolyte test
- NHS: PSA testing
- NICE: FIT testing information

Key messages

- Every result is reviewed by a clinician.
- Slightly abnormal results are common and are often not serious.
- A repeat blood test does not always mean there is a serious problem.
- Reception staff can pass on the clinician comment but cannot interpret results.
- We will contact you if urgent action is needed.
- Please contact the practice if your symptoms worsen or you are worried.

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