

Code	Subject / recommendation
CG44	A serum ferritin test should not routinely be carried out on women with heavy menstrual bleeding
CG44	Female hormone testing should not be carried out on women with heavy menstrual bleeding
CG44	Measuring menstrual blood loss directly (alkaline haematin) is not routinely recommended for (heavy menstrual bleeding) HMB. Whether menstrual blood loss is a problem should be determined not by measuring blood loss but by the woman herself.
CG48	Patients should be advised not to take supplements containing beta-carotene, and should not be advised to take antioxidant supplements (vitamin E and/or C) or folic acid to reduce cardiovascular risk.
CG48	Routine monitoring of creatine kinase in asymptomatic patients who are being treated with a statin after an myocardial infarction (MI) is not recommended
CG47	Routine blood tests should not be performed on children with fever who have no features of serious illness.
CG81	Patients with tumours of known oestrogen receptor (ER) status whose disease recurs should not have a further biopsy just to reassess ER status.
CG81	Patients with tumours of known human epidermal growth factor receptor 2 (HER2) status whose disease recurs should not have a further biopsy just to reassess HER2 status.
CG54	Infants and children with an alternative site of infection should not have a urine sample tested.
CG54	C-reactive protein alone should not be used to differentiate acute pyelonephritis/upper urinary tract infection from cystitis/lower urinary tract infection in infants and children
CG54	Infants and children who are asymptomatic following an episode of urinary tract infection (UTI) should not routinely have their urine re-tested for infection.
CG54	Urine-testing strategies for children 3 years or older: If leukocyte esterase is positive and nitrite is negative, a urine sample should be sent for microscopy and culture.
CG53	Tests for serum ferritin in adults should not be carried out unless a full blood count and other haematological indices suggest iron deficiency
CG53	Tests for vitamin B12 deficiency should not be carried out unless a full blood count and mean cell volume show a macrocytosis.
CG53	Tests for folate levels should not be carried out unless a full blood count and mean cell volume show a macrocytosis.
CG53	Serological testing should not be carried out unless the history is indicative of an infection.
CG53	Thyrotoxicosis should not be used for the treatment of chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME).
CG55	Until the induction is commenced or if expectant management beyond 24 hours is chosen by the woman lower vaginal swabs and maternal C-reactive protein should not be offered
CG55	Blood, cerebrospinal fluid and/or surface culture tests should not be performed in an asymptomatic baby.
CG55	Where there is clear evidence of acute fetal compromise (for example, prolonged deceleration greater than 3 minutes), fetal blood sample (FBS) should not be undertaken and urgent preparations to expedite birth should be made.
CG55	Paired cord blood gases do not need to be taken routinely. They should be taken when there has been concern about the baby either in labour or immediately following birth.
CG84	Diarrhoea and vomiting in children under 5: do not routinely perform blood biochemical testing
CG57	Healthcare professionals should advise children with atopic eczema and their parents or carers not to undergo high street or internet allergy tests because there is no evidence of their value in the management of atopic eczema.
CG58	To help men decide whether to have a prostate biopsy, healthcare professionals should discuss with them their prostate specific antigen (PSA) level, digital rectal examination (DRE) findings (including an estimate of prostate size) and comorbidities, together with their risk factors (including increasing age and black African or black Caribbean ethnicity) and any history of a previous negative prostate biopsy.
CG58	The serum PSA level alone should not automatically lead to a prostate biopsy.
CG58	Biochemical relapse (a rising prostate-specific antigen (PSA)) alone should not necessarily prompt an immediate change in treatment.
CG58	If the clinical suspicion of prostate cancer is high, because of a high prostate-specific antigen (PSA) value and evidence of bone metastases (identified by a positive isotope bone scan or sclerotic metastases on plain radiographs), prostate biopsy for histological confirmation should not be performed, unless this is required as part of a clinical trial.
CG58	Routine digital rectal examination (DRE) is not recommended in men with localised prostate cancer while the prostate-specific antigen (PSA) remains at baseline levels.
CG63	Screening for gestational diabetes using fasting plasma glucose, random blood glucose, glucose challenge test and urinalysis for glucose should not be undertaken.
CG63	HbA1c should not be used routinely for assessing glycaemic control in the second and third trimesters of pregnancy.
CG63	Estimated glomerular filtration rate (eGFR) should not be used during pregnancy.

CG63	Pregnant women should not be offered routine antenatal screening for group B streptococcus because evidence of its clinical and cost effectiveness remains uncertain.
CG62	Routine antenatal serological screening for toxoplasmosis should not be offered because the risks of screening may outweigh the potential benefits
CG62	Screening for gestational diabetes using fasting plasma glucose, random blood glucose, glucose challenge test and urinalysis for glucose should not be undertaken.
CG62	Although there is a great deal of material published on alternative screening methods [(for example, Alpha-Fetoprotein; B-hCG and urine artery Doppler (bilateral notching))] for pre eclampsia, none of these has satisfactory sensitivity and specificity, and therefore they are not recommended.
CG62	When routine ultrasound screening is performed to detect neural tube defects, alpha-fetoprotein testing is not required.
CG67	Creatine kinase should not be routinely monitored in asymptomatic people who are being treated with a statin.
CG71	Creatine kinase should not be routinely monitored in asymptomatic people who are being treated with a statin.
CG71	Routine monitoring of creatine kinase is not recommended in asymptomatic adults or children/young people with familial hypercholesterolemia (FH) who are receiving treatment with a statin.
CG73	When testing for the presence of haematuria, use reagent strips rather than urine microscopy. Do not use urine microscopy to confirm a positive result.
CG73	The routine measurement of calcium levels in people with stage 1, 2, 3A or 3B chronic kidney disease (CKD) is not recommended.
CG73	The routine measurement of phosphate levels in people with stage 1, 2, 3A or 3B chronic kidney disease (CKD) is not recommended.
CG73	The routine measurement of parathyroid hormone (PTH) levels in people with stage 1, 2, 3A or 3B chronic kidney disease (CKD) is not recommended.
CG73	The routine measurement of vitamin D levels in people with stage 1, 2, 3A or 3B chronic kidney disease (CKD) is not recommended.
CG80	Do not routinely assess progesterone receptor status of tumours in patients with invasive breast cancer.
CG86	Do not use serological testing for coeliac disease in infants before gluten has been introduced to the diet.
CG86	Do not use immunoglobulin G (IgG) anti-gliadin antibody (AGA) test in the diagnosis of coeliac disease.
CG86	Do not use immunoglobulin A (IgA) anti-gliadin antibody (AGA) test in the diagnosis of coeliac disease.
CG86	Do not use of self-tests and/or point-of-care tests for coeliac disease as a substitute for laboratory-based testing.
CG86	Do not use human leukocyte antigen (HLA) DQ2/DQ8 testing in the initial diagnosis of coeliac disease. (However, its high negative predictive value may be of use to gastrointestinal specialists in specific clinical situations.)
CG86	Based on limited clinical evidence, combination testing with IgA tTGA and IgA EMA does not appear to substantially to improve accuracy in the diagnostic process.
CG86	The least cost-effective strategies were those using IgG AGA tests alone or in combination with other autoantibody tests.
CG86	Therefore, although a biopsy-only strategy may be preferable to a no-test strategy those strategies that include serological tests before confirmatory biopsy for positive results are still more cost effective than the biopsy-only strategy
CG86	Do not use] deamidated gliadin tests and point-of-care tests or self tests [until supported by further evidence].
CG95	Do not use biochemical markers such as natriuretic peptides and high sensitivity C-reactive protein to diagnose an acute coronary syndrome (ACS).
CG95	Do not use biochemical markers of myocardial ischaemia (such as ischaemia-modified albumin) as opposed to markers of necrosis when assessing people with acute chest pain.
CG98	Do not measure bilirubin levels routinely in babies who are not visibly jaundiced.
CG98	Do not use umbilical cord blood bilirubin level to predict significant hyperbilirubinaemia.
CG98	Do not use umbilical cord blood direct antiglobulin test (DAT) (Coombs test) to predict significant hyperbilirubinaemia.
CG98	When measuring the bilirubin level: do not use an icterometer.
CG98	Do not use the albumin/bilirubin ratio when making decisions about the management of hyperbilirubinaemia.
CG107	Hypertension in pregnancy: Do not carry out further blood tests to test kidney function, electrolytes, full blood count, transaminases, bilirubin if no proteinuria at subsequent visits
CG107	Do not repeat quantification of proteinuria for the for the management of pregnancy with pre-eclampsia
CG108	Routine monitoring of serum digoxin concentrations is not recommended. A digoxin concentration measured within 8-12 hours of the last dose may be useful to confirm a clinical impression of toxicity or non-adherence.