the babies who will have persistent hypoglycemia, and as a part of the evaluation will undergo growth hormone testing. Therefore, one must use IUGR-specific values while interpreting growth hormone values.

Last but not the least, while interpreting values, due attention must be given to units of the reported values and appropriate conversion factor should be used wherever required to avoid analytical errors.

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AUTHOR'S REPLY

We appreciate the comments of the reader and agree that the need of the hour is to also highlight common analytical and non-analytical pitfalls in other streams of medicine apart from endocrinology – for example, hematology, biochemistry and immunology – to avoid "Labomas" in those areas [1]. Such data are unfortunately lacking from India. The authors are currently working on this area, and should soon be able to come out with concrete Indian data on the same.

Global laboratory data analysis in the West have revealed that a large majority of the laboratory errors (75% of the errors) involved wrong patient labeling, with a large fraction of this error (24% of the errors) occurred at the site of sample collection and labeling [2]. Labomas have consistently been reported to be predominantly due to pre- and post-analytical stages errors, rather than the analytical errors [3]. A study evaluating data obtained from 1,600 testing procedure in general biochemistry and hematology revealed 0.87% procedures being associated with errors, with preanalytic and post- analytic errors contributing to 35.7% and 50% of all errors [4]. The good news is that studies have consistently reported that less than 10% of all labomas to actually have an impact on patient diagnosis and management [3,4]. Increased automation, with better analytical technology have helped in reducing the occurrence of labomas.

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