Tests are supervised by doctors and it is necessary for the doctor to know the correlation between the extent and type of illness and test items and to be able to read data and make a diagnosis. Therefore, in this sense, there is a difference in terms of the appropriate level. Consequently, coagulation tests, etc., are still classified as special tests because of the low level of knowledge of doctors.

2) Test System

Systems in test laboratories in hospitals vary with each facility. However, in general, test laboratories in hospitals of 50 beds to 300 beds do all tests regardless of test field.

In hospitals of 400 beds or more, there is a central test division, which is divided into sections by each test field. These sections are classified as general tests, haematology, biochemistry, immune serum test, microbiology, and pathology sections.

RIA (in-vitro) is often the same section as RIA (in-vivo) and roentgen and it is often included in the nuclear medicine laboratory and radiology.

Moreover, tests of transfusion, drugs, etc., are performed as needed in large hospitals (500 beds or more).

There are many cases where general tests are performed on an outpatient basis, and there may even be an outpatient test laboratory.

There are also hospitals where only emergency tests, such as blood counts in haematology, blood sugar, Na, K, Cl, and CPK in biochemistry, TDM in immune serum test, etc., are performed and there are emergency test laboratories, etc.

The aforementioned is the current condition, but future trends include changes with development of new determination theories and automation.

Actually, there are also cases where microbiology, fecal occult blood of general tests, blood coagulation tests, etc., are performed in immune serum test laboratories with the development of new determination methods that use antigen-antibody reactions.

Moreover, some immune serum items are being changed to biochemistry items with automation of immunoserological tests.

In addition, although profits have increased with treatment of large amounts of specimens by centralization of specimens in central test divisions, it has been difficult to analyze specimens in emergencies in these cases. Moreover, since each section is specialized, there has been a reduction in the importance of tests that fall into a boundary category and in the number of meaningless tests because of unprofitable sections have been eliminated and because of determination of the same item in more than one field.

Therefore, attention is being focused on outpatient tests and on bedside tests by simplified tests as a countermeasure for eliminating these tests from conventional central tests.