Maite Lopez-Garrigos

List of Publications by Year in Descending Order

69 papers	464 citations	11 h-index	16 g-index
84 ext. papers	563 ext. citations	3.1 avg, IF	3.58 L-index

#	Paper	IF	Citations
69	CONUT: a tool to assess nutritional status. First application in a primary care population. *Diagnosis*, **2021**, 8, 373-376	4.2	2
68	Laboratory parameters in patients with COVID-19 on first emergency admission is different in non-survivors: albumin and lactate dehydrogenase as risk factors. *Journal of Clinical Pathology*, **2021**, 74, 673-675	3.9	6
67	Increasing interest strategies to appropriately measure of serum magnesium: An opportunity for clinical laboratories to further unmask hypomagnesemia. *Clinical Biochemistry*, **2021**, 92, 90	3.5	
66	The clinical laboratory: a decision maker hub. *Clinical Chemistry and Laboratory Medicine*, **2021**, 59, 1634-1641	3.9	0
65	Dealing with redundant gamma glutamyl transpeptidase in primary care, when requested along with alkaline phosphatase. *Clinical Biochemistry*, **2021**, 97, 74-77	3.5	0
64	Current Practice and Regional Variability in Recommendations for Patient Preparation for Laboratory Testing in Primary Care. *Laboratory Medicine*, **2020**, 51, e32-e37	1.6	0
63	Potential serum magnesium under request in primary care. Laboratory interventions to identify patients with hypomagnesemia. *Clinical Chemistry and Laboratory Medicine*, **2020**, 58, e221-e223	5.9	2
62	Less is more: Two automated interventions to increase vitamin B measurement when long-term proton pump inhibitor and decrease redundant testing. *Clinica Chimica Acta*, **2020**, 506, 176-179	6.2	4
61	Untangling the association between prostate-specific antigen and diabetes: a systematic review and meta-analysis. *Clinical Chemistry and Laboratory Medicine*, **2020**, 59, 11-26	5.9	1
60	Successful implementations of automated minimum re-test intervals to overcome ferritin over-requesting in a Spanish hospital laboratory. *Clinical Chemistry and Laboratory Medicine*, **2020**, 58, e287-e289	5.9	2
59	High frequency of anti-parietal cell antibody (APCA) and intrinsic factor blocking antibody (IFBA) in individuals with severe vitamin B12 deficiency - an observational study in primary care patients. *Clinical Chemistry and Laboratory Medicine*, **2020**, 58, 424-429	5.9	3
58	Automatic laboratory interventions to unmask and treat hypomagnesemia in the Emergency Department. *Clinical Biochemistry*, **2020**, 75, 48-52	3.5	4
57	Alopecia and Iron Deficiency: An Interventional Pilot Study in Primary Care to Improve the Request of Ferritin. *Advances in Hematology*, **2020**, 2020, 7341018	1.5	
56	Laboratory intervention to improve the request of urinary albumin in primary care patients with arterial hypertension and financial implications. *Clinical Biochemistry*, **2019**, 69, 48-51	3.5	2
55	Laboratory Computer-Based Interventions for Better Adherence to Guidelines in the Diagnosis and Monitoring of Type 2 Diabetes. *Diabetes Therapy*, **2019**, 10, 995-1003	3.6	3
54	Factors associated with false negative and false positive results of prostate-specific antigen (PSA) and the impact on patient health: Cohort study protocol. *Medicine (United States)*, **2019**, 98, e17451	1.8	8
53	Automated Requests for Thyroid-Stimulating Hormone and Ferretin Tests in Young Primary Care Patients with Anorexia as an Intervention to Improve Detection of Underlying Conditions. *Laboratory Medicine*, **2019**, 50, 268-272	1.6	2

52	Computer-assisted interventions in the clinical laboratory process improve the diagnosis and treatment of severe vitamin B12 deficiency. *Clinical Chemistry and Laboratory Medicine*, **2018**, 56, 1469-1475	5.9	6
51	Urinary albumin: a risk marker under-requested in primary care in Spain. *Annals of Clinical Biochemistry*, **2018**, 55, 281-286	2.2	5
50	Procalcitonin in the Emergency Department: A potential expensive over-request that can be modulated through institutional protocols. *American Journal of Emergency Medicine*, **2018**, 36, 158-160	2.9	3
49	Glycated hemoglobin: A powerful tool not used enough in primary care. *Journal of Clinical Laboratory Analysis*, **2018**, 32,	3	5
48	Urinary albumin strip assay as a screening test to replace quantitative technology in certain conditions. *Clinical Chemistry and Laboratory Medicine*, **2018**, 57, 204-209	5.9	3
47	Vitamin B12 deficiency and clinical laboratory: Lessons revisited and clarified in seven questions. *International Journal of Laboratory Hematology*, **2018**, 40 Suppl 1, 83-88	2.5	7
46	Laboratory test inappropriateness: lessons revisited and clarified in seven questions. *Journal of Laboratory and Precision Medicine*, **2018**, 3, 34-34	1.1	4
45	Temporal and regional variability in the request of vitamin D from general practitioners in Spain. *Clinical Chemistry and Laboratory Medicine*, **2017**, 55, 1754-1760	5.9	3
44	Primary care requests for anaemia chemistry tests in Spain: potential iron, transferrin and folate over-requesting. *Journal of Clinical Pathology*, **2017**, 70, 760-765	3.9	7
43	Benchmarking After Large-Scale, Comparative Data Analysis Improves the Use of Laboratory Tests: Lessons From the REDCONLAB Initiative. *Archives of Pathology and Laboratory Medicine*, **2017**, 141, 485-486	5	1
42	Serum Uric Acid Laboratory Test Request Patterns in Primary Care: How Panels May Contribute to Overutilization and Treatment of Asymptomatic Patients. *Laboratory Medicine*, **2017**, 49, 55-58	1.6	2
41	Large-Scale Analysis Evaluating Regional Variability in the Request of Laboratory Tests in Primary Care and its Potential Economic Impact. *Laboratory Medicine*, **2017**, 48, 271-276	1.6	3
40	Big differences in primary care celiac disease serological markers request in Spain. *Biochemia Medica*, **2017**, 27, 231-236	2.5	3
39	Additional technician tasks and turnaround time in the clinical Stat laboratory. *Biochemia Medica*, **2016**, 26, 243-7	2.5	0
38	Potential risk for inappropriate dyslipidemia screening in Primary Care in Spain. *Revista Del Laboratorio Clínico*, **2016**, 9, 48-53	0	
37	Automatic laboratory-based strategy to improve the diagnosis of type 2 diabetes in primary care. *Biochemia Medica*, **2016**, 26, 121-8	2.5	4
36	Indications for laboratory tests in primary care: assessment of the most frequent indications and requests with blank clinical information. *Biochemia Medica*, **2016**, 26, 431-435	2.5	7
35	Requests of laboratory tests for the diagnosis and management of calcium-phosphate disorders in Spain. *Revista Medica De Chile*, **2016**, 144, 990-997	0.5	1

34	Request of thyroid function tests from Primary Care in Spain. *Endocrinologia Y Nutricion (English Edition)*, **2016**, 63, 19-26		2
33	Request of thyroid function tests from Primary Care in Spain. *Endocrinologia Y Nutricion: Organo De La Sociedad Espanola De Endocrinologia Y Nutricion*, **2016**, 63, 19-26		5
32	Managing inappropriate requests of laboratory tests: from detection to monitoring. *American Journal of Managed Care*, **2016**, 22, e311-6	2.1	6
31	Laboratory utilization improvement through a computer-aided algorithm developed with general practitioners. *Clinical Chemistry and Laboratory Medicine*, **2015**, 53, 1391-7	5.9	22
30	Daily communication decreases the number of pre-analytical errors in primary care. *Clinical Chemistry and Laboratory Medicine*, **2015**, 53, e265-7	5.9	2
29	Request of laboratory liver tests in primary care in Spain: potential savings if appropriateness indicator targets were achieved. *European Journal of Gastroenterology and Hepatology*, **2015**, 27, 1130-6	2.2	10
28	Ten years of preanalytical monitoring and control: Synthetic Balanced Score Card Indicator. *Biochemia Medica*, **2015**, 25, 49-56	2.5	14
27	Potential over request in anemia laboratory tests in primary care in Spain. *Hematology*, **2015**, 20, 368-73	2.2	15
26	Education and communication is the key for the successful management of vitamin D test requesting. *Biochemia Medica*, **2015**, 25, 237-41	2.5	9
25	Larger differences in utilization of rarely requested tests in primary care in Spain. *Biochemia Medica* , **2015**, 25, 410-5	2.5	7
24	Request of acute phase markers in primary care in Spain. *American Journal of Managed Care*, **2015**, 21, e591-6	2.1	3
23	A study of the differences in the request of glycated hemoglobin in primary care in Spain: A global, significant, and potentially dangerous under-request. *Clinical Biochemistry*, **2014**, 47, 1104-7	3.5	13
22	Customising turnaround time indicators to requesting clinician: a 10-year study through balanced scorecard indicators. *Journal of Clinical Pathology*, **2014**, 67, 797-801	3.9	6
21	Primary care use of laboratory tests in Spain: measurement through appropriateness indicators. *Clinical Laboratory*, **2014**, 60, 483-90	2	22
20	Strategy to improve the request of uric acid in primary care: preliminary results and evaluation through process and outcome appropriateness indicators. *Clinical Biochemistry*, **2014**, 47, 467-70	3.5	15
19	Patient identification errors: the detective in the laboratory. *Clinical Biochemistry*, **2013**, 46, 1767-9	3.5	9
18	Alert value reporting: a new strategy for patient safety. *Clinical Biochemistry*, **2013**, 46, 245-9	3.5	7
17	Serum calcium (S-Ca), the forgotten test: preliminary results of an appropriateness strategy to detect primary hyperparathyroidism (pHPT). *Bone*, **2013**, 56, 73-6	4.7	17

16	Should we customise critical value procedure according to patient origin and laboratory turnaround time?. *Journal of Clinical Pathology*, **2013**, 66, 269-72	3.9	8
15	Differences in laboratory requesting patterns in emergency department in Spain. *Annals of Clinical Biochemistry*, **2013**, 50, 353-9	2.2	34
14	Laboratory false-positive results: a clinician responsibility or a shared responsibility with requesting clinicians?. *Clinical Chemistry and Laboratory Medicine*, **2013**, 51, e199-200	5.9	5
13	Reducing Preanalytical Laboratory Sample Errors Through Educational and Technological Interventions. *Clinical Laboratory*, **2013**, 59,	2	4
12	Diagnostic accuracy of icteric index to detect abnormal total bilirubin values. *Journal of Clinical Pathology*, **2012**, 65, 928-33	3.9	15
11	An Evaluation of Hemoglobin A1c Test Ordering Patterns in a Primary Care Setting. *Laboratory Medicine*, **2012**, 43, 1.3-5	1.6	3
10	Variation in prostate specific antigen (PSA) test ordering in primary care centers: tendencies 2002-2009. *Clinical Laboratory*, **2012**, 58, 573-7	2	5
9	Reducing preanalytical laboratory sample errors through educational and technological interventions. *Clinical Laboratory*, **2012**, 58, 911-7	2	24
8	An evaluation of glycosylated hemoglobin requesting patterns in a primary care setting: a pilot experience in the Valencian Community (Spain). *Endocrinología Y Nutrición (English Edition)*, **2011**, 58, 219-223		3
7	Regional variations in test requiring patterns of general practitioners in Spain. *Upsala Journal of Medical Sciences*, **2011**, 116, 247-51	2.8	28
6	Stat laboratory timeliness management according to clinician needs. *Clinical Chemistry and Laboratory Medicine*, **2011**, 49, 331-3	5.9	4
5	Towards laboratory knowledge, not data, in 70% of clinical decision-making. What "knowledge management" can add to clinical practice?. *Clinical Chemistry and Laboratory Medicine*, **2011**, 49, 1389-1390	5.9	6
4	Achieving continuous improvement in laboratory organization through performance measurements: a seven-year experience. *Clinical Chemistry and Laboratory Medicine*, **2010**, 48, 57-61	5.9	11
3	Two Minutes of Monthly Monitoring Can Ensure Quality Laboratory Service Every Day of the Year. *Laboratory Medicine*, **2010**, 41, 360-363	1.6	5
2	Reporting test results in hemolyzed samples from primary care patients. *Clinical Biochemistry*, **2009**, 42, 1204	3.5	3
1	Three years of preanalytical errors: quality specifications and improvement through implementation of statistical process control. *Scandinavian Journal of Clinical and Laboratory Investigation*, **2009**, 69, 822-6	2	4