

# Rainer Haeckel

## List of Publications by Year in descending order

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Version: 2024-02-01

35  
papers

957  
citations

430442

18  
h-index

433756

31  
g-index

35  
all docs

35  
docs citations

35  
times ranked

633  
citing authors

#	ARTICLE	IF	CITATIONS
1	Indirect methods for reference interval determination – review and recommendations. <i>Clinical Chemistry and Laboratory Medicine</i> , 2018, 57, 20-29.	1.4	178
2	A plea for intra-laboratory reference limits. Part 2. A bimodal retrospective concept for determining reference limits from intra-laboratory databases demonstrated by catalytic activity concentrations of enzymes. <i>Clinical Chemistry and Laboratory Medicine</i> , 2007, 45, 1043-57.	1.4	86
3	Pediatric reference intervals for alkaline phosphatase. <i>Clinical Chemistry and Laboratory Medicine</i> , 2017, 55, 102-110.	1.4	78
4	Reference limits of plasma and serum creatinine concentrations from intra-laboratory data bases of several German and Italian medical centres. <i>Clinica Chimica Acta</i> , 2010, 411, 215-221.	0.5	52
5	Indirect reference intervals of plasma and serum thyrotropin (TSH) concentrations from intra-laboratory data bases from several German and Italian medical centres. <i>Clinical Chemistry and Laboratory Medicine</i> , 2011, 49, 659-664.	1.4	48
6	A plea for intra-laboratory reference limits. Part 1. General considerations and concepts for determination. <i>Clinical Chemistry and Laboratory Medicine</i> , 2007, 45, 1033-42.	1.4	47
7	Comparability of Blood Glucose Concentrations Measured in Different Sample Systems for Detecting Glucose Intolerance. <i>Clinical Chemistry</i> , 2002, 48, 936-939.	1.5	45
8	A new indirect estimation of reference intervals: truncated minimum chi-square (TMC) approach. <i>Clinical Chemistry and Laboratory Medicine</i> , 2019, 57, 1933-1947.	1.4	42
9	Next-generation reference intervals for pediatric hematology. <i>Clinical Chemistry and Laboratory Medicine</i> , 2019, 57, 1595-1607.	1.4	42
10	Permissible limits for uncertainty of measurement in laboratory medicine. <i>Clinical Chemistry and Laboratory Medicine</i> , 2015, 53, 1161-71.	1.4	36
11	An improved indirect approach for determining reference limits from intra-laboratory data bases exemplified by concentrations of electrolytes / Ein verbesserter indirekter Ansatz zur Bestimmung von Referenzgrenzen mittels intra-laboratorischer Datensätze am Beispiel von Elektrolyt-Konzentrationen. <i>Laboratoriums Medizin</i> . 2009, 33, 52-66.	0.1	30
12	Observed, unknown distributions of clinical chemical quantities should be considered to be log-normal: a proposal. <i>Clinical Chemistry and Laboratory Medicine</i> , 2010, 48, 1393-1396.	1.4	29
13	A new concept to derive permissible limits for analytical imprecision and bias considering diagnostic requirements and technical state-of-the-art. <i>Clinical Chemistry and Laboratory Medicine</i> , 2011, 49, 623-635.	1.4	28
14	Critical comments to a recent EFLM recommendation for the review of reference intervals. <i>Clinical Chemistry and Laboratory Medicine</i> , 2017, 55, 341-347.	1.4	25
15	Biological variables influencing the estimation of reference limits. <i>Scandinavian Journal of Clinical and Laboratory Investigation</i> , 2018, 78, 337-345.	0.6	24
16	Review of potentials and limitations of indirect approaches for estimating reference limits/intervals of quantitative procedures in laboratory medicine. <i>Journal of Laboratory Medicine</i> , 2021, 45, 35-53.	1.1	21
17	Determination and verification of reference interval limits in clinical chemistry. Recommendations for laboratories on behalf of the Working Group Guide Limits of the DGKL with respect to ISO Standard 15189 and the Guideline of the German Medical Association on Quality Assurance in Medical Laboratory Examinations (Rili-BAEK). <i>Journal of Laboratory Medicine</i> . 2019, 43, 127-133.	1.1	19
18	Equivalence limits of reference intervals for partitioning of population data. Relevant differences of reference limits. <i>Laboratoriums Medizin</i> , 2016, 40, 199-205.	0.1	18

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19	Proposed classification of various limit values (guide values) used in assisting the interpretation of quantitative laboratory test results. <i>Clinical Chemistry and Laboratory Medicine</i> , 2009, 47, 494-7.	1.4	16
20	The influence of age and other biological variables on the estimation of reference limits of cardiac troponin T. <i>Clinical Chemistry and Laboratory Medicine</i> , 2018, 56, 685-687.	1.4	12
21	The importance of correct stratifications when comparing directly and indirectly estimated reference intervals. <i>Clinical Chemistry and Laboratory Medicine</i> , 2021, 59, 1628-1633.	1.4	11
22	Detecting Type 2 Diabetes by a Single Post-Challenge Blood Sample. <i>Clinical Chemistry and Laboratory Medicine</i> , 2003, 41, 1251-8.	1.4	9
23	Problems with estimating reference change values (critical differences). <i>Clinica Chimica Acta</i> , 2021, 523, 437-440.	0.5	9
24	Prevalence-dependent decision limits for the early detection of type 2 diabetes mellitus in venous blood, venous plasma and capillary blood during glucose challenge. <i>Clinical Chemistry and Laboratory Medicine</i> , 2006, 44, 1462-71.	1.4	8
25	Indirect estimation of reference intervals using first or last results and results from patients without repeated measurements. <i>Journal of Laboratory Medicine</i> , 2021, 45, 103-109.	1.1	8
26	Reference limits of high-sensitive cardiac troponin T indirectly estimated by a new approach applying data mining. A special example for measurands with a relatively high percentage of values at or below the detection limit. <i>Journal of Laboratory Medicine</i> , 2021, 45, 87-94.	1.1	7
27	Age- and sex-dependent reference intervals for uric acid estimated by the truncated minimum chi-square (TMC) approach, a new indirect method. <i>Journal of Laboratory Medicine</i> , 2020, 44, 157-163.	1.1	7
28	The discordance rate, a new concept for combining diagnostic decisions with analytical performance characteristics. 2. Defining analytical goals applied to the diagnosis of type 2 diabetes by blood glucose concentrations. <i>Clinical Chemistry and Laboratory Medicine</i> , 2004, 42, 198-203.	1.4	6
29	Age and sex dependent reference intervals for random plasma/serum glucose concentrations related to different sampling devices and determined by an indirect procedure with data mining. <i>Journal of Laboratory Medicine</i> , 2021, 45, 95-101.	1.1	6
30	Diurnal variation of leukocyte counts affects the indirect estimation of reference intervals. <i>Journal of Laboratory Medicine</i> , 2021, 45, 121-124.	1.1	3
31	Indirect approaches to estimate reference intervals. <i>Journal of Laboratory Medicine</i> , 2021, 45, 31-33.	1.1	3
32	The difference between reference interval and reference range. <i>Journal of Laboratory Medicine</i> , 2020, 44, 173-173.	1.1	2
33	Diagnostic efficiency in models for permissible measurement uncertainty. <i>Laboratoriums Medizin</i> , 2017, 41, .	0.1	1
34	The influence of sampling time on indirect reference limits, decision limits, and the estimation of biological variation of random plasma glucose concentrations. <i>Journal of Laboratory Medicine</i> , 2021, 45, 111-119.	1.1	1
35	Reply to the letter of Katayev and Fleming. <i>Laboratoriums Medizin</i> , 2021, .	0.1	0