Callum G Fraser

List of Publications by Year in Descending Order

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The third column is the impact factor (IF) of the journal, and the fourth column is the number of citations of the article.

136
papers3,910
citations31
h-index57
g-index158
ext. papers4,499
ext. citations4.4
avg, IF5.86
L-index

#	Paper	IF	Citations
136	Dr Per Hyltoft Petersen: an appreciation. <i>Clinical Chemistry and Laboratory Medicine</i> , 2022 , 60, 299-300	5.9	
135	Faecal haemoglobin concentration in adenoma, before and after polypectomy, approaches the ideal tumour marker <i>Annals of Clinical Biochemistry</i> , 2022 , 45632221080897	2.2	О
134	Replicate and Repeat FIT in Symptomatic Patients: A Systematic Review <i>Annals of Clinical Biochemistry</i> , 2022 , 45632221096036	2.2	1
133	One or two faecal immunochemical tests in an organised population-based colorectal cancer screening programme in Murcia (Spain) <i>Journal of Medical Screening</i> , 2022 , 9691413221094919	1.4	
132	The Effect of the Variability in Fecal Immunochemical Test Sample Collection Technique on Clinical Performance. <i>Cancer Epidemiology Biomarkers and Prevention</i> , 2021 , 30, 175-181	4	2
131	Association between faecal occult bleeding and medicines prescribed for chronic disease: a data linkage study. <i>Journal of Clinical Pathology</i> , 2021 , 74, 664-667	3.9	2
130	Faecal Haemoglobin Estimated by Faecal Immunochemical Tests-An Indicator of Systemic Inflammation with Real Clinical Potential. <i>Diagnostics</i> , 2021 , 11,	3.8	3
129	Faecal haemoglobin concentrations in women and men diagnosed with colorectal cancer in a national screening programme. <i>Journal of Medical Screening</i> , 2021 , 9691413211056970	1.4	1
128	Yield of colorectal cancer at colonoscopy according to faecal haemoglobin concentration in symptomatic patients referred from primary care. <i>Colorectal Disease</i> , 2021 , 23, 1615-1621	2.1	10
127	Transition to quantitative faecal immunochemical testing from guaiac faecal occult blood testing in a fully rolled-out population-based national bowel screening programme. <i>Gut</i> , 2021 , 70, 106-113	19.2	17
126	Analytical Performance Specifications for 25-Hydroxyvitamin D Examinations. <i>Nutrients</i> , 2021 , 13,	6.7	8
125	Faecal haemoglobin concentration thresholds for reassurance and urgent investigation for colorectal cancer based on a faecal immunochemical test in symptomatic patients in primary care. <i>Annals of Clinical Biochemistry</i> , 2021 , 58, 211-219	2.2	7
124	Measurement of faecal haemoglobin with a faecal immunochemical test can assist in defining which patients attending primary care with rectal bleeding require urgent referral. <i>Annals of Clinical Biochemistry</i> , 2020 , 57, 325-327	2.2	9
123	Biological variation: a still maturing aspect of laboratory medicine. <i>Advances in Laboratory Medicine / Avances En Medicina De Laboratorio</i> , 2020 , 1,	1.3	1
122	Faecal haemoglobin distributions by sex, age, deprivation and geographical region: consequences for colorectal cancer screening strategies. <i>Clinical Chemistry and Laboratory Medicine</i> , 2020 , 58, 2073-20) 8 09	11
121	Use of fecal immunochemical testing in patients presenting in primary care with lower GI symptoms. <i>Cmaj</i> , 2020 , 192, E377	3.5	
120	Assuring the quality of examinations using faecal immunochemical tests for haemoglobin (FIT). <i>Clinical Chemistry and Laboratory Medicine</i> , 2020 , 59, 245-247	5.9	1

(2018-2020)

119	Randomized controlled trial: Flexible sigmoidoscopy as an adjunct to faecal occult blood testing in population screening. <i>Journal of Medical Screening</i> , 2020 , 27, 59-67	1.4	1
118	Variation in changes in the incidence of colorectal cancer by age and association with screening uptake: an observational study. <i>BMJ Open</i> , 2020 , 10, e037925	3	2
117	Faecal haemoglobin can define risk of colorectal neoplasia at surveillance colonoscopy in patients at increased risk of colorectal cancer. <i>United European Gastroenterology Journal</i> , 2020 , 8, 559-566	5.3	7
116	Faecal immunochemical tests for haemoglobin (FIT) in the assessment of patients with lower abdominal symptoms: current controversies. <i>Gastroenterologa Y Hepatologa</i> , 2019 , 42, 263-270	0.9	15
115	Changes in prevalence of faecal occult blood positivity over time. <i>Journal of Medical Screening</i> , 2019 , 26, 191-196	1.4	2
114	Low Sensitivity of Fecal Immunochemical Tests (FIT) for Detection of Sessile Serrated Adenomas/Polyps Confirmed Over Clinical Setting, Geography, and FIT System. <i>Digestive Diseases and Sciences</i> , 2019 , 64, 3024-3026	4	O
113	Faecal immunochemical tests for haemoglobin (FIT) in the assessment of patients with lower abdominal symptoms: current controversies. <i>Gastroenterologa Y Hepatologa (English Edition)</i> , 2019 , 42, 263-270	0.1	1
112	Do other variables add value to assessment of the risk of colorectal disease using faecal immunochemical tests for haemoglobin?. <i>Annals of Clinical Biochemistry</i> , 2019 , 56, 472-479	2.2	9
111	A dynamic reference change value model applied to ongoing assessment of the steady state of a biomarker using more than two serial results. <i>Annals of Clinical Biochemistry</i> , 2019 , 56, 283-294	2.2	1
110	Detection capability of quantitative faecal immunochemical tests for haemoglobin (FIT) and reporting of low faecal haemoglobin concentrations. <i>Clinical Chemistry and Laboratory Medicine</i> , 2019 , 57, 611-616	5.9	32
109	Impact of introducing a faecal immunochemical test (FIT) for haemoglobin into primary care on the outcome of patients with new bowel symptoms: a prospective cohort study. <i>BMJ Open Gastroenterology</i> , 2019 , 6, e000293	3.9	53
108	Appraisal of the faecal haemoglobin, age and sex test (FAST) score in assessment of patients with lower bowel symptoms: an observational study. <i>BMC Gastroenterology</i> , 2019 , 19, 213	3	11
107	Faecal immunochemical tests (FIT) in the assessment of patients presenting with lower bowel symptoms: Concepts and challenges. <i>Journal of the Royal College of Surgeons of Edinburgh</i> , 2018 , 16, 302-308	2.5	21
106	Valid analytical performance specifications for combined analytical bias and imprecision for the use of common reference intervals. <i>Annals of Clinical Biochemistry</i> , 2018 , 55, 612-615	2.2	2
105	A comparative effectiveness trial of two faecal immunochemical tests for haemoglobin (FIT). Assessment of test performance and adherence in a single round of a population-based screening programme for colorectal cancer. <i>Gut</i> , 2018 , 67, 485-496	19.2	19
104	Uptake trends in the Scottish Bowel Screening Programme and the influences of age, sex, and deprivation. <i>Journal of Medical Screening</i> , 2018 , 25, 24-31	1.4	17
103	Application of NICE guideline NG12 to the initial assessment of patients with lower gastrointestinal symptoms: not FIT for purpose?. <i>Annals of Clinical Biochemistry</i> , 2018 , 55, 69-76	2.2	24
102	Can the performance of a quantitative FIT-based colorectal cancer screening programme be enhanced by lowering the threshold and increasing the interval?. <i>Gut</i> , 2018 , 67, 993-994	19.2	4

101	Occult blood in faeces is associated with all-cause and non-colorectal cancer mortality. <i>Gut</i> , 2018 , 67, 2116-2123	19.2	24
100	Faecal Immunochemical Tests (FIT) for Haemoglobin for Timely Assessment of Patients with Symptoms of Colorectal Disease 2018 , 39-66		5
99	The importance of comparing quantitative faecal immunochemical tests (FIT) before selecting one for a population-based colorectal cancer screening programme. <i>Journal of Laboratory and Precision Medicine</i> , 2018 , 3, 7-7	1.1	1
98	Setting up a service for a faecal immunochemical test for haemoglobin (FIT): a review of considerations, challenges and constraints. <i>Journal of Clinical Pathology</i> , 2018 , 71, 1041-1045	3.9	20
97	Faecal haemoglobin concentration is related to detection of advanced colorectal neoplasia in the next screening round. <i>Journal of Medical Screening</i> , 2017 , 24, 62-68	1.4	11
96	The fecal hemoglobin concentration, age and sex test score: Development and external validation of a simple prediction tool for colorectal cancer detection in symptomatic patients. <i>International Journal of Cancer</i> , 2017 , 140, 2201-2211	7.5	44
95	Calculation of reference change values using more than two results is a difficult task. <i>Annals of Clinical Biochemistry</i> , 2017 , 54, 412-413	2.2	4
94	Population-based colorectal cancer screening programmes using a faecal immunochemical test: should faecal haemoglobin cut-offs differ by age and sex?. <i>BMC Cancer</i> , 2017 , 17, 577	4.8	28
93	Faecal immunochemical tests (FIT) can help to rule out colorectal cancer in patients presenting in primary care with lower abdominal symptoms: a systematic review conducted to inform new NICE DG30 diagnostic guidance. <i>BMC Medicine</i> , 2017 , 15, 189	11.4	68
92	Biological variation: a rapidly evolving aspect of laboratory medicine. <i>Journal of Laboratory and Precision Medicine</i> , 2017 , 2, 35-35	1.1	2
91	Clinical utility of one versus two faecal immunochemical test samples in the detection of advanced colorectal neoplasia in symptomatic patients. <i>Clinical Chemistry and Laboratory Medicine</i> , 2016 , 54, 125-3	32 9	25
90	RE: A Proposal to Standardize Reporting Units for Fecal Immunochemical Tests for Hemoglobin. Journal of the National Cancer Institute, 2016 , 108,	9.7	3
89	Faecal haemoglobin and faecal calprotectin as indicators of bowel disease in patients presenting to primary care with bowel symptoms. <i>Gut</i> , 2016 , 65, 1463-9	19.2	116
88	Analytical performance specifications for changes in assay bias (Bias) for data with logarithmic distributions as assessed by effects on reference change values. <i>Annals of Clinical Biochemistry</i> , 2016 , 53, 686-691	2.2	2
87	Different percentages of false-positive results obtained using five methods for the calculation of reference change values based on simulated normal and In-normal distributions of data. <i>Annals of Clinical Biochemistry</i> , 2016 , 53, 692-698	2.2	7
86	Interval cancers in a national colorectal cancer screening programme. <i>United European Gastroenterology Journal</i> , 2016 , 4, 587-94	5.3	12
85	Interval cancers using a quantitative faecal immunochemical test (FIT) for haemoglobin when colonoscopy capacity is limited. <i>Journal of Medical Screening</i> , 2016 , 23, 130-4	1.4	29
84	Use of a faecal immunochemical test for haemoglobin can aid in the investigation of patients with lower abdominal symptoms. <i>Clinical Chemistry and Laboratory Medicine</i> , 2016 , 54, 595-602	5.9	48

83	Assessment of faecal haemoglobin concentration distributions is vital for faecal immunochemical test (FIT)-based colorectal cancer screening programmes. <i>Journal of Medical Screening</i> , 2016 , 23, 52-3	1.4	4
82	Comparison of quantitative faecal immunochemical tests for haemoglobin (FIT) for asymptomatic population screening. <i>Translational Cancer Research</i> , 2016 , 5, S916-S919	0.3	6
81	Terms and symbols used in studies on biological variation: the need for harmonization. <i>Clinical Chemistry</i> , 2015 , 61, 438-9	5.5	28
80	The 1999 Stockholm Consensus Conference on quality specifications in laboratory medicine. <i>Clinical Chemistry and Laboratory Medicine</i> , 2015 , 53, 837-40	5.9	21
79	Defining analytical performance specifications: Consensus Statement from the 1st Strategic Conference of the European Federation of Clinical Chemistry and Laboratory Medicine. <i>Clinical Chemistry and Laboratory Medicine</i> , 2015 , 53, 833-5	5.9	274
78	Calculation of limits for significant bidirectional changes in two or more serial results of a biomarker based on a computer simulation model. <i>Annals of Clinical Biochemistry</i> , 2015 , 52, 434-40	2.2	22
77	Advances in Fecal Occult Blood Tests: the FIT revolution. <i>Digestive Diseases and Sciences</i> , 2015 , 60, 609-2	24	125
76	Calculation of limits for significant unidirectional changes in two or more serial results of a biomarker based on a computer simulation model. <i>Annals of Clinical Biochemistry</i> , 2015 , 52, 237-44	2.2	20
75	AuthorsReply to the letter to Editor (Annals of Clinical Biochemistry): RA simple approach to derive Z-score of reference change value involving more than two serial resultsR <i>Annals of Clinical Biochemistry</i> , 2015 , 52, 718-9	2.2	
74	How to improve the performances of Fecal Immunological Tests (FIT): Need for standardization of the sampling and pre-analytical phases and revision of the procedures for comparison of methods. <i>International Journal of Biological Markers</i> , 2015 , 30, e127-31	2.8	11
73	Impact of preanalytical factors on fecal immunochemical tests: need for new strategies in comparison of methods. <i>International Journal of Biological Markers</i> , 2015 , 30, e269-74	2.8	9
72	Faecal haemoglobin concentrations do vary across geography as well as with age and sex: ramifications for colorectal cancer screening. <i>Clinical Chemistry and Laboratory Medicine</i> , 2015 , 53, e235	-5 -9	7
71	Confirmation of analytical performance characteristics required for the reference change value applied in patient monitoring. <i>Scandinavian Journal of Clinical and Laboratory Investigation</i> , 2015 , 75, 628-30	2	7
70	Biological variation database: structure and criteria used for generation and update. <i>Clinical Chemistry and Laboratory Medicine</i> , 2015 , 53, 299-305	5.9	65
69	Quality Indicators and Benchmarks for Guideline-Recommended Fecal Occult Blood Tests 2015 , 65-79		1
68	Population screening for colorectal cancer means getting FIT: the past, present, and future of colorectal cancer screening using the fecal immunochemical test for hemoglobin (FIT). <i>Gut and Liver</i> , 2014 , 8, 117-30	4.8	112
67	A standard for Faecal Immunochemical TesTs for haemoglobin evaluation reporting (FITTER). <i>Annals of Clinical Biochemistry</i> , 2014 , 51, 301-2	2.2	24
66	Faecal haemoglobin concentrations vary with sex and age, but data are not transferable across geography for colorectal cancer screening. <i>Clinical Chemistry and Laboratory Medicine</i> , 2014 , 52, 1211-6	5.9	44

65	Deprivation and faecal haemoglobin: implications for bowel cancer screening. <i>Journal of Medical Screening</i> , 2014 , 21, 95-7	1.4	23
64	Impact of faecal haemoglobin concentration on colorectal cancer mortality and all-cause death. <i>BMJ Open</i> , 2013 , 3, e003740	3	26
63	Use of a faecal immunochemical test narrows current gaps in uptake for sex, age and deprivation in a bowel cancer screening programme. <i>Journal of Medical Screening</i> , 2013 , 20, 80-5	1.4	39
62	Faecal haemoglobin concentration is related to severity of colorectal neoplasia. <i>Journal of Clinical Pathology</i> , 2013 , 66, 415-9	3.9	64
61	Clinical outcomes using a faecal immunochemical test for haemoglobin as a first-line test in a national programme constrained by colonoscopy capacity. <i>United European Gastroenterology Journal</i> , 2013 , 1, 198-205	5.3	57
60	Low faecal haemoglobin concentration potentially rules out significant colorectal disease. <i>Colorectal Disease</i> , 2013 , 15, e151-9	2.1	57
59	A future for faecal haemoglobin measurements in the medical laboratory. <i>Annals of Clinical Biochemistry</i> , 2012 , 49, 518-26	2.2	16
58	Impact of the UK colorectal cancer screening pilot studies on incidence, stage distribution and mortality trends. <i>Cancer Epidemiology</i> , 2012 , 36, e232-42	2.8	41
57	Guaiac based faecal occult blood testing for colorectal cancer screening: an obsolete strategy?. <i>Gut</i> , 2012 , 61, 959-60	19.2	19
56	A proposal to standardize reporting units for fecal immunochemical tests for hemoglobin. <i>Journal of the National Cancer Institute</i> , 2012 , 104, 810-4	9.7	123
55	Experience with a two-tier reflex gFOBT/FIT strategy in a national bowel screening programme. Journal of Medical Screening, 2012, 19, 8-13	1.4	30
54	Reference change values may need some improvement but are invaluable tools in laboratory medicine. <i>Clinical Chemistry and Laboratory Medicine</i> , 2012 , 50,	5.9	11
53	Screening for colorectal neoplasia with faecal tests. <i>Lancet Oncology, The</i> , 2011 , 12, 516-7	21.7	8
52	Acceptance quality checks for qualitative fecal immunochemical tests ensure screening program consistency. <i>International Journal of Cancer</i> , 2011 , 128, 247-8; author reply 248-9	7.5	5
51	Use of faecal markers in screening for colorectal neoplasia: a European group on tumor markers position paper. <i>International Journal of Cancer</i> , 2011 , 128, 3-11	7.5	68
50	Pre-notification increases uptake of colorectal cancer screening in all demographic groups: a randomized controlled trial. <i>Journal of Medical Screening</i> , 2011 , 18, 24-9	1.4	49
49	Reference change values for monitoring dehydration. <i>Clinical Chemistry and Laboratory Medicine</i> , 2011 , 49, 1033-7	5.9	31
48	Do new concepts for deriving permissible limits for analytical imprecision and bias have any advantages over existing consensus?. <i>Clinical Chemistry and Laboratory Medicine</i> , 2011 , 49, 637-40	5.9	9

(2004-2011)

47	Faecal haemoglobin concentrations by gender and age: implications for population-based screening for colorectal cancer. <i>Clinical Chemistry and Laboratory Medicine</i> , 2011 , 50, 935-40	5.9	62
46	Reference change values. Clinical Chemistry and Laboratory Medicine, 2011, 50, 807-12	5.9	134
45	Experience with a wipe guaiac-based faecal occult blood test as an alternative test in a bowel screening programme. <i>Journal of Medical Screening</i> , 2010 , 17, 211-3	1.4	
44	Problems with the investigation of a problem with faecal occult blood tests. <i>Annals of Clinical Biochemistry</i> , 2010 , 47, 391-2; author reply 392	2.2	1
43	Polymorphisms of the angiotensin converting enzyme gene in early-onset and late-onset pre-eclampsia. <i>Journal of Maternal-Fetal and Neonatal Medicine</i> , 2010 , 23, 874-9	2	16
42	Predicting mortality using two renal function estimation methods in hospitalised stroke patients. <i>International Journal of Cardiology</i> , 2010 , 139, 307-9	3.2	2
41	Polymorphisms of the angiotensin converting enzyme gene in relation to intrauterine growth restriction. <i>Acta Obstetricia Et Gynecologica Scandinavica</i> , 2010 , 89, 1197-201	3.8	2
40	Strategies to set global analytical quality specifications in laboratory medicine: 10 years on from the Stockholm consensus conference. <i>Accreditation and Quality Assurance</i> , 2010 , 15, 323-330	0.7	19
39	Reference change values: the way forward in monitoring. <i>Annals of Clinical Biochemistry</i> , 2009 , 46, 264-	52.2	44
38	Effect of delay in sampling on haemoglobin determined by faecal immunochemical tests. <i>Annals of Clinical Biochemistry</i> , 2008 , 45, 604-5	2.2	31
37	Faecal occult blood testseliminate, enhance or update?. Annals of Clinical Biochemistry, 2008, 45, 117-	21.2	22
36	Assay validation and biological variation of serum receptor for advanced glycation end-products. <i>Annals of Clinical Biochemistry</i> , 2008 , 45, 518-9	2.2	11
35	Automated immunochemical quantitation of haemoglobin in faeces collected on cards for screening for colorectal cancer. <i>Gut</i> , 2008 , 57, 1256-60	19.2	17
34	Evaluation of a card collection-based faecal immunochemical test in screening for colorectal cancer using a two-tier reflex approach. <i>Gut</i> , 2007 , 56, 1415-8	19.2	19
33	Immunochemical testing of individuals positive for guaiac faecal occult blood test in a screening programme for colorectal cancer: an observational study. <i>Lancet Oncology, The</i> , 2006 , 7, 127-31	21.7	57
32	Quality specifications for imprecision of B-type natriuretic peptide assays. <i>Clinical Chemistry</i> , 2005 , 51, 1307-9	5.5	8
31	Inherent biological variation and reference values. <i>Clinical Chemistry and Laboratory Medicine</i> , 2004 , 42, 758-64	5.9	127
30	Test result variation and the quality of evidence-based clinical guidelines. <i>Clinica Chimica Acta</i> , 2004 , 346, 19-24	6.2	47

29	Combination of analytical quality specifications based on biological within- and between-subject variation. <i>Annals of Clinical Biochemistry</i> , 2002 , 39, 543-50	2.2	43
28	Grossly elevated serum angiotensin-converting enzyme activities are still suppressible with ACE inhibitor therapy. <i>JRAAS - Journal of the Renin-Angiotensin-Aldosterone System</i> , 2002 , 3, 138	3	
27	Does renal dysfunction predict mortality after acute stroke? A 7-year follow-up study. <i>Stroke</i> , 2002 , 33, 1630-5	6.7	100
26	Objective criteria for partitioning Gaussian-distributed reference values into subgroups. <i>Clinical Chemistry</i> , 2002 , 48, 338-52	5.5	26
25	Nonadherence with ACE inhibitors is common and can be detected in clinical practice by routine serum ACE activity. <i>Congestive Heart Failure</i> , 2001 , 7, 43-46		12
24	Optimal analytical performance for point of care testing. <i>Clinica Chimica Acta</i> , 2001 , 307, 37-43	6.2	22
23	Optimal Analytical Performance for POCT. <i>Electronic Journal of the International Federation of Clinical Chemistry and Laboratory Medicine</i> , 2001 , 13, 3-8	2.4	
22	Analytical Performance Characteristics Should Be Judged against Objective Quality Specifications. <i>Clinical Chemistry</i> , 1999 , 45, 321-323	5.5	158
21	Quality specifications in laboratory medicine Eurrent consensus views. <i>Accreditation and Quality Assurance</i> , 1999 , 4, 410-413	0.7	2
20	Nonadherence with angiotensin-converting enzyme inhibitor therapy: a comparison of different ways of measuring it in patients with chronic heart failure. <i>Journal of the American College of Cardiology</i> , 1999 , 34, 2072-7	15.1	27
19	Proposals for setting generally applicable quality goals solely based on biology. <i>Annals of Clinical Biochemistry</i> , 1997 , 34 (Pt 1), 8-12	2.2	285
18	The influence of analytical bias on diagnostic misclassifications. <i>Clinica Chimica Acta</i> , 1997 , 260, 189-206	5 6.2	31
17	Acute effects of captopril on the renal actions of furosemide in patients with chronic heart failure. <i>American Heart Journal</i> , 1993 , 126, 879-86	4.9	24
16	Age-related changes in laboratory test results. Clinical implications. <i>Drugs and Aging</i> , 1993 , 3, 246-57	4.7	11
15	Quality specifications for haemoglobin A1c assays in the monitoring of diabetes. <i>Upsala Journal of Medical Sciences</i> , 1993 , 98, 335-8	2.8	6
14	A novel approach to the assessment of drug compliance in the elderly. <i>Gerontology</i> , 1991 , 37, 339-44	5.5	2
13	Biologic variation of urinary albumin: consequences for analysis, specimen collection, interpretation of results, and screening programs. <i>American Journal of Kidney Diseases</i> , 1989 , 13, 35-7	7.4	29
12	Biologic variation of common hematologic laboratory quantities in the elderly. <i>American Journal of Clinical Pathology</i> , 1989 , 92, 465-70	1.9	64

LIST OF PUBLICATIONS

11	Clinically useful limits (CUL) criteria best based on within-subject biologic variation. <i>American Journal of Clinical Pathology</i> , 1989 , 92, 256-7	1.9	2
10	The authorß reply. Analytic goals are targets, not inflexible criteria of acceptability. <i>American Journal of Clinical Pathology</i> , 1988 , 89, 703-5	1.9	9
9	Desirable standards for hematology tests: a proposal. <i>American Journal of Clinical Pathology</i> , 1987 , 88, 667-9	1.9	20
8	The Author Replies as Follow: Attainment of Pre-Analytical Goals is Vital. <i>Annals of Clinical Biochemistry</i> , 1987 , 24, 116-116	2.2	2
7	Use of Appropriate Analytic Goals. American Journal of Clinical Pathology, 1983, 79, 759-760	1.9	5
6	Components of variance of some plasma constituents in patients with myocardial infarction. <i>Annals of Clinical Biochemistry</i> , 1982 , 19, 431-4	2.2	16
5	Urinalysis in an Australian teaching hospital. Medical Journal of Australia, 1982, 1, 300-1	4	2
4	Goals for clinical biochemistry analytical imprecision: a graphic approach. <i>Pathology</i> , 1980 , 12, 209-18	1.6	5
3	The clinical view of turnaround times for stat tests. American Journal of Clinical Pathology, 1979, 72, 885	51.9	4
2	Faecal haemoglobin concentration and personalised assessment of the risk of colorectal neoplasia. Journal of Laboratory and Precision Medicine, 2, 71-71	1.1	3
1	Interpretation of faecal haemoglobin concentration data in colorectal cancer screening and in assessment of symptomatic patients. <i>Journal of Laboratory and Precision Medicine</i> ,2, 96-96	1.1	5