Multidisciplinary collaborative guidance on the assessment and treatment of patients with Long COVID: A compendium statement

TABLE 3: Labs and procedures *(See Table 1 for differential diagnoses)*

Symptom Category	Assessment Details

Holistic assessment (Recommended for all patients)	• To rule out other (potentially treatable) conditions[†‡]
	  o CBC with diff; CMP; TSH
	  o Also consider: ESR; CRP; CK; vitamins D, B1, and B12

Physical fatigue	• To identify treatable contributors, consider:
	  o Ferritin, iron profile
	  o Testosterone, estradiol[54]

Breathing and respiratory sequelae	• If not already performed, consider:
	  o Chest XR
	• If breathing discomfort not improving ≥ 8 weeks after acute COVID-19 infection, or if new/worsened breathing discomfort later in Long COVID course, consider:
	  o PFTs (FEV1/VC and DLCO)
	  o EKG, echocardiogram
	• If pulmonary exam, chest XR, or PFT abnormalities, consider:
	  o Non-contrast chest CT

Cardiovascular complications[§]	• If chronic chest pain present and concern for myocarditis, consider:
	  o Troponin (preferably high-sensitivity)
	• If concern for decompensated heart failure, consider:
	  o BNP (preferably NT-proBNP)
	• If concern for PE, consider:
	  o D-dimer
	• If not already performed, consider:
	  o EKG, chest XR
	  o Cardiac MRI (for myocarditis, if chronic chest pain and positive troponin)
	  o Echocardiogram (for heart failure/valve abnormalities)
	  o CT PE protocol (for PE)
	• If concern for arrhythmia, consider:
	  o Holter monitor for symptoms nearly daily
	  o 14-day monitor for symptoms every few days
	  o Implantable event monitor for infrequent symptoms
	• If initial work-up is unrevealing and/or to guide activity plan, consider:
	  o Cardiopulmonary stress test

Autonomic dysfunction	• If concerned for PE, consider D-dimer
	• To identify treatable contributors, consider if relevant: [‡]
	  o Autoimmune: ANA, RF, Sjogren's Syndrome panel, antiphospholipid antibodies
	  o Iron deficiency: Ferritin, iron profile
	• If recurrent palpitations, tachycardia, or syncope, consider basic cardiac work-up (See Table 9 [Cardiac table])
	• If negative 10-minute stand test, consider tilt table test
	  o Tilt table test is not required to diagnose or treat autonomic dysfunction and can cause a symptom flare

Cognitive impairment	• To rule out other conditions, consider:
	  o Thiamine, folate, homocysteine, magnesium, RPR, HIV
	  o Neuroimaging based on history, exam, and lab findings

Mental health	(See Table 12 for mental health screening tools)

Neurologic sequelae	• To rule out other conditions, consider:
	  o HgbA1c, vitamin B6, magnesium, RPR, HIV
	• Consider neuroimaging based on history, exam, and lab findings
	  o Consider consultation with a neurologist to guide imaging and further testing

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