



-To be collected as a single venous blood sample, preferably following a 12-hour fast where only water and medications have been consumed.

Related metadata: is used in conjunction with Service contact date version 1  
is calculated using Cholesterol-HDL - measured version 1  
is calculated using Cholesterol-total - measured version 1  
is calculated using Triglycerides - measured version 1  
is calculated using Fasting status version 1

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### *Administrative Attributes*

Source Document: National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand, Lipid Management Guidelines - 2001, MJA 2001; 175: S57-S88.

Source Organisation: CV-Data Working Group (CVWG)

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Comments: High blood cholesterol is a key factor in heart, stroke and vascular disease, especially coronary heart disease (CHD).

Poor nutrition can be a contributing factor to heart, stroke and vascular disease as a population's level of saturated fat intake is the prime determinant of its level of blood cholesterol.

The majority of the cholesterol in plasma is transported as a component of LDL-C. Thus, the evidence linking CHD to plasma total cholesterol and LDL-C is essentially the same.

Cardiovascular disease (clinical):

Many studies have demonstrated the significance of blood cholesterol components as risk factors for heart, stroke and vascular disease.

Scientific studies have shown a continuous relationship between lipid levels and CHD and overwhelming evidence that lipid lowering interventions reduces CHD progression, morbidity and mortality.

There are many large-scale, prospective population studies defining the relationship between plasma total (and LDL) cholesterol and the future risk of developing CHD. The results of prospective population studies are consistent and support several general conclusions:

- the majority of people with CHD do not have markedly elevated levels of plasma total cholesterol or LDL-C
- there is a continuous positive but curvilinear relationship between

