

Pathology News

April 2006 - Edition 5

Welcome to this special edition of Pathology News aimed particularly at primary care.

This issue of Pathology News has been distributed to colleagues throughout primary and secondary care and includes what we hope is useful information for general practice.

Contact details are included on the back page to enable our users to interact with the Pathology Department as efficiently as possible.

eGFR: see page 3 for important details of our new estimated glomerular filtration rate service.

Sharon Skerrett and Pete Buggins with a newly installed robot in Clinical Biochemistry



Pathology News is edited by Jonathan Berg and Nick Baker.

If you have any comments and suggestions for improvement please contact jonathan.berg@swbh.nhs.uk

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News In Brief

Pathology Across the Trust

With two acute hospital sites in the Trust we offer comprehensive Pathology Service at both main hospitals. The laboratories work increasingly close together and are standardising both equipment and methods. Full contact details are given on page 4.

Sample Transport

Efficient sample transport of specimens to our laboratories can be the key to ensuring that we offer timely and correct results. If you have any suggestions on how we can improve this service then do please contact: Mr Andy Hayling on Tel: 0121 507 5366.

LabTestsOnline

The website www.labtestsonline.org.uk is an excellent source of information for professionals and patients.

Pathology Handbook

We hope that the information in this newsletter is of use to colleagues in general practice. A new edition will be produced each year with key contact information, test turn round details and also news and guidance on advances of particular interest to general practice. If you would like a printed copy of the full Pathology Handbook which is based on the Trust's intranet site please contact: andy.hayling@swbh.nhs.uk and request a copy.



Blitz on Incorrectly Labelled Specimens

Pathology has a duty to ensure that we analyse samples that have been appropriately labelled. Recent audits have shown that we often encounter problems with primary care samples.

For all Pathology departments, the overriding principle is that all the information on both sample and request form must match. If key identifiers match then minor spelling discrepancies will be accepted and noted on the report form. We have recently reviewed our policy on incorrectly labelled samples and from the 1st June 2006 will be working to the following protocol:

Sample:

Required Information

Patient's full name or coded identifier
Date of birth and/or hospital or NHS number

Desirable Information

Date and time

Request Form:

Essential Information

Patient's full name or coded identifier
Date of birth and/or hospital or NHS number
Patient's location
Destination for report (if different from above)
GP or hospital consultant
Name of requesting practitioner
Date and time of sample collection
Practitioner's contact number
Investigations required
Biohazard label if indicated

Desirable Information

Relevant clinical information
Date and time
Patient's sex
Patient's address
Ethnicity
Degree of urgency

Please help us by ensuring that all staff involved with the specimen taking process are made aware that laboratories will not be able to proceed to analyse samples that have not been correctly labelled after 1st June 2006.

Test Turnaround Times for Primary Care

We have introduced a Quality System throughout the Pathology Department in the last year. As part of this we have reviewed the turn round of our tests from receipt to reporting. Here is a summary of the expected turn round times for commonly referred tests from general practice:

Biochemistry

Common tests including: U&E, eGFR, glucose, LFT, lipids, CK, Ca, albumin etc	4 hours
Thyroid function	12 hours
HbA1C	48 hours
Urine analysis	36 hours
Common hormones	24 hours
Tumour markers	24 hours
Vitamin D	72 hours
FOB	72 hours
Pregnancy test	24 hours

Haematology

Glandular fever screening	24 hours
Malarial parasites	4 hours
Full blood count	4 hours
ESR	4 hours
PT/PTT	4 hours
Sickle cell screen	6 hours
Haemoglobinopathy screening	72 hours
B12/Folate	48 hours
Ferritin	24 hours

Microbiology

Cervical swab for culture	48 hours
Chlamydia (urethral and cervical)	72 hours
Ear swabs	24 hours
Faeces for culture	48 hours
Fungal microscopy	48 hours
Hepatitis screen	48 hours
HIV antibodies	48 hours
MRSA	48 hours
Mycobacterium Tuberculosis (TB)	48 hours
Throat swab for culture	24 hours
Urine for culture	24 hours
Vaginal swab	48 hours
Wound swabs	24 hours

Cytology/Histology

Skin biopsy	96 hours
Cervical smears	7-10 days
Urine for cytology	48 hours

Immunology

Allergy screen	72 hours
ANA	48 hours
Rheumatoid factor	24 hours
TTG	48 hours



Estimated GFR Results Take Off ...

- eGFR will be reported on all requests for creatinine after 1st April 2006 issued by the Sandwell and City laboratories.
- We will no longer be offering creatinine clearance using a 24 hour urine and a serum sample.

The Clinical Biochemistry Department has been working to ensure that we provide an optimum service for estimated glomerular filtration rate (eGFR). The National Service Framework (NSF) for Renal Services recommended that:

“Local health organisations can work with pathology services and networks to develop protocols for measuring kidney function by serum creatinine concentration together with a formula-based estimation of GFR, calculated and reported automatically by all clinical biochemistry laboratories”.

Chronic kidney disease has been included in next year's GMS contract for GPs with 27 out of 550 clinical points awarded for CKD identification and monitoring. It is hoped that this will aid earlier recognition of CKD in primary care, and offer the chance to prevent progression and associated cardiovascular complications.

The Department of Health has now issued guidance on the way that eGFR should be calculated and reported and as a Trust we have worked hard to meet the 1st April 2006 deadline.

Recommendations include:

Estimated GFR on patients over 18 years should be calculated using the 4-variable inputs:

- Serum creatinine concentration
- Age
- Gender
- Ethnic origin

The equation used is the isotope dilution mass spectrometry (ID-MS) traceable version of the Modification of Diet in Renal Disease (MDRD) equation. There have been changes to the equation and there is also further work going on to look at compatibility of different methods for creatinine estimation.

If ethnic origin of the patient is unknown, or the patient is not Caucasian or African-Caribbean, an assumption of Caucasian ethnicity will be made. It is important that when you interpret eGFR results that you take note of the following based on guidance from the Department of Health working party on eGFR :

- estimates between 60 and 89 mL/min/1.73 m² do not indicate chronic kidney disease unless there is other existing laboratory or clinical evidence of disease
- Multiply the result by 1.2 for African-Caribbean patients, unless ethnic origin was available to the laboratory and this correction has already been applied
- The result has not been validated for use in acute renal failure, pregnancy, oedematous states, muscle wasting disorders, amputees and malnourished people.
- Precision and accuracy of eGFR decreases as GFR increases. When eGFR exceeds 89 mL/min/1.73 m², we are reporting it as '>90 mL/min/1.73 m²' rather than as an exact number.
- The MDRD equation should not be used in children and we do not send out results on patients < 18 years old.

Do contact the Clinical Biochemistry at Sandwell or City Hospital if you would like further advice about eGFR. General information may be obtained from the website: www.renal.org

Hospital Phlebotomy Patient Facilities Upgraded

We have seen a major improvement in the phlebotomy facilities for outpatients and general practice referrals at both main hospital sites. At Sandwell we have upgraded the sample reception and phlebotomy areas in the last 12 months. This is a very busy area and we addressed issues such as patient privacy and also taking blood from children.

At City the primary care open access phlebotomy service transferred to the Birmingham Treatment Centre when it opened in December. With additional staff resources we have been able to cope with a steadily increasing demand for work in phlebotomy from primary care. While we are involved in initiatives to take blood in general practice there are a number of advantages in patients attending the hospital to have samples taken, not least the fact that spurious results such as high potassium are much reduced when the sample is taken at the hospital.



Useful Pathology Contacts

Biochemistry

	CITY HOSPITAL	SANDWELL HOSPITAL
Consultant	Dr Jonathan Berg jonathan.berg@swbh.nhs.uk Tel: 507 5353	Dr Elizabeth Hughes elizabeth.hughes@swbh.nhs.uk Tel: 607 3426
General Enquiries	Tel: 507 4271/4272	Tel: 607 3012/3269

Haematology

Consultant	Dr Shivan Pancham shivan.pancham@swbh.nhs.uk Tel: 507 4234/5358	Dr Yasmin Hasan yasmin.hasan@swbh.nhs.uk Tel: 607 3109
Consultant	Dr Christine Wright christine.wright@swbh.nhs.uk Tel: 507 5929/6042	Dr Richard Murrin richard.murrin@swbh.nhs.uk Tel: 607 3584
Consultant		Dr Farooq A Wandroo farooq.wandroo@swbh.nhs.uk Tel: 607 3427
General Enquiries	Tel: 507 4241/4242	Tel: 607 3260/3698

Microbiology

Consultant	Dr Adam Fraise adam.fraise@swbh.nhs.uk Tel: 507 4825	Dr Alun Davies alun.davies@swbh.nhs.uk Tel: 607 3531
Consultant	Dr Tim Weller tim.weller@swbh.nhs.uk Tel: 507 5742	Dr Nigel Williams nigel.williams@swbh.nhs.uk Tel: 607 3618
General Enquiries	Tel: 507 4261/4262	Tel: 607 3509/3270

Histology

Consultant	Dr Yum Chan yum.chan@swbh.nhs.uk Tel: 507 4224	Dr Parveen Abdullah parveen.abdullah@swbh.nhs.uk Tel: 607 3428
Consultant	Dr Soren Hoyer soren.hoyer@swbh.nhs.uk Tel: 507 4267	Dr Swapna Ghosh swapna.ghosh@swbh.nhs.uk Tel: 607 3428
Consultant	Dr Madhavi Maheshwari madhavi.maheshwari.@swbh.nhs.uk Tel: 507 4268	Dr Akbar Hussainy akbar.hussainy@swbh.nhs.uk Tel: 607 3428
Consultant	Dr Ulises Zanetto ulises.zanetto@swbh.nhs.uk Tel: 507 5357	Dr Suhail Muzaffar suhail.muzaffar@swbh.nhs.uk Tel: 607 3428
General Enquiries	Tel: 507 4231/4265	Tel: 607 3335/3428

Immunology

Consultant	Dr Jonathan North jonathan.north@swbh.nhs.uk Tel: 507 4250	
General Enquiries	Tel: 507 4258/4606	

Regional Toxicology

Consultant	Dr Robin Braithwaite robin.braithwaite@swbh.nhs.uk Tel: 507 4134	
General Enquiries	Tel: 507 4135/4138	

Phlebotomy Services

General Enquiries	Tel: 507 5359/4221	Tel: 607 3650/3010
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GP Pathology Transport

General Enquiries	Tel: 507 4233	
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