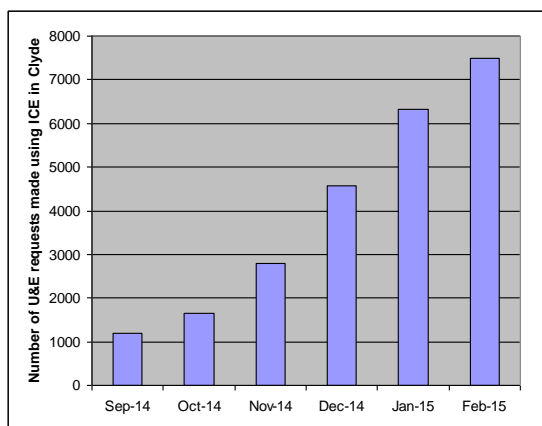
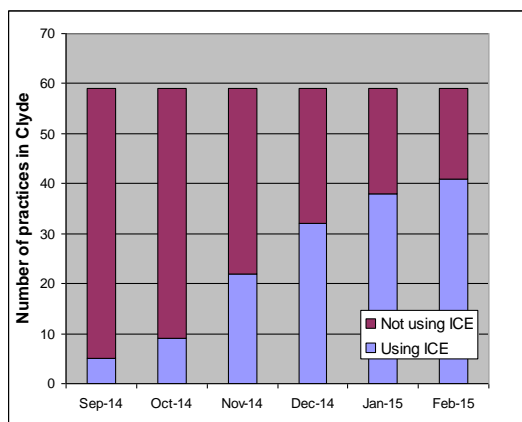




GP Electronic Order Comms (ICE)

Clyde Sector

An increasing proportion of the GP practices served by the Clyde laboratories eligible to use ICE (those within NHSGGC) are using it to send samples to the laboratory. As of 1st March 2015 41 out of the 59 practices eligible to use ICE are using it to send samples to the laboratories.



A Short Life Working Group has been established consisting of representatives from all Lab Disciplines, GPs, Practice Nurses and Practice Managers. Dr Alastair Taylor, Kessington Medical Practice, is Chair.

A questionnaire has been sent to all participating practices asking for feedback on performance, test collections and asking for suggestions to be discussed at the above group.

Any questions please contact lin.calderwood@ggc.scot.nhs.uk
Any calls in relation to GP Order Comms should be logged with Phoenix
T: 0844 8631244
E: nhs@phoenix.co.uk

ADD ON REQUESTS USING ICE
Note for add on requests please continue to contact the lab

Repeat Test Intervals (Request Intervention)

The laboratory computer systems will automatically pick up certain tests which have been repeated after an interval within which it is unlikely that clinically significant changes will be seen in most individuals. A report will be issued providing the most recent result and requesting the clinician to contact the laboratory within 3 days if analysis is required. Tests for which this is carried out and the relevant time intervals are outlined in the table provided. In the near future Request Intervention will be extended to include B12, folate and ferritin requests made within around one month of a previous request.

Faecal Calprotectin	120 days
Lipid profile	30 days
PSA	21 days
Serum electrophoresis	90 days
TFTs	30 days
Vitamin D	340 days

HbA1c for the Diagnosis of Diabetes Mellitus

New guidance has been issued by the Diabetes Managed Clinical Network on the use of HbA1c in the diagnosis of Diabetes Mellitus. It recommends that when Type 2 Diabetes Mellitus is suspected HbA1c be measured if fasting glucose is 6.1 to 7.0 mmol/L, or ≥ 7.0 mmol/L in patients with no osmotic symptoms.

The guideline is available on Staffnet:
<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PolicesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Diabetes%20Diagnosis.pdf>

HbA1c should not be used for diagnosis in other circumstances and must never be used for diagnosis of Type 1 Diabetes Mellitus.



Transporting of Samples and Forms to Laboratories

DISCIPLINE	BAG COLOUR	FINAL DESTINATION	PECOS CODE
Biochemistry/Haematology	GREEN	RAH (except Dunoon/Rothesay)	169412
Biochemistry/Haematology emergencies	PINK	Closest Site	169092
Blood Transfusion	PINK	Closest Site	169092
Microbiology	BLUE	RAH	169108
Pathology	PURPLE	SGH	169115
Virology	TEAL	GRI	Contact Virology Lab
Immunology	GREY	SGH	191932
Cytology	WHITE	SGH	191949

Please remember for some specific tests laboratories do require a form with the samples, e.g. Intrinsic factors and 24 hour urine collections. If a form is required GP order comms will automatically print out the form so please send it.

Note in Microbiology (unlike other laboratories) **all** ICE requests should be sent with the GP order comms form.

Introduction of the High Sensitivity Troponin Assay

Due to NHSGGC's involvement in the High-STEACS trial of high sensitivity Troponin (hsTnI) in the diagnosis of myocardial infarction, the previous Troponin (TnI) assay has been replaced with a high sensitivity Troponin assay for at least the next year.

The timing of sampling is not changing at present, with hsTnI within normal limits at 12 hours excluding MI. The units the result is reported in are being changed to come into line with Pathology Harmony guidelines, from $\mu\text{g/L}$ to ng/L . This leads to results 1000 times greater than those before – $0.04 \mu\text{g/L}$ is equivalent to 40ng/L . However the results from the old TnI and new hsTnI assays are not directly comparable.

The study is examining the impact of under-treatment of women with ACS. Therefore the thresholds for hsTnI indicating myocardial damage are different based on gender. The cut-offs above which myocardial damage should be suspected are $>16 \text{ng/L}$ for females and $>34 \text{ng/L}$ for males.

Wound Botulism

Cases of wound botulism in injecting drug users are continuing with 37 patients admitted to hospital in Scotland between 21st December 2014 and 30th March 2015 with suspected botulism. Thirteen cases have been confirmed, 22 cases have been categorised as probable and two as possible cases.

For further information please refer to the Health protection Scotland website <http://www.hps.scot.nhs.uk> or contact Microbiology/Infectious Diseases if any queries.

We would be delighted with your feedback on issues that you would like us to address in the newsletter. We are also keen to reach as large an audience in primary care as possible. Do you have suggestions how we can widen distribution better? Comments or suggestions can be sent to:

Mairi Macleod (mairimacleod3@nhs.net), Neil McConnell (kmccconnell@nhs.net) or Martin Wight (martinwight@nhs.net)