Laboratory News
Please circulate to all members of staff within the practice
NHS Greater Glasgow and Clyde
Issue 7
February 2017

Shining a Light on Vitamin D

Clyde Sector

GG&C has updated it's Vitamin D: Prevention and Treatment of Deficiency in Adults Guideline which advices on when to supplement and when to measure Vitamin D.

Link: http://www.nhsggc.org.uk/media/240194/vitamin-d-prevention-and-treatment-of-deficiency-in-adults.pdf

Indications for measurement are:

1) Patients with low adjusted serum calcium (<2.10 mmol/L) and/or where other blood tests suggest osteomalacia e.g. isolated increased alkaline phosphatase.

2) Patients with malabsorption syndromes.

3) CKD (eGFR <30) – usually through specialist clinics

Monitoring of Vitamin D levels for those on replacement is **not** required unless malabsorption is suspected or on long term high dose therapy (>5000 units/day).

The use of calcium or PTH measurements as a surrogate marker of adequate Vitamin D replacement is not advised as levels can be low, normal or high with a low Vitamin D so cannot be used as a guide. However calcium can and should be used, per the BNF, to detect toxicity in patients on "high dose" therapy.

Revised Testing Guidance for Clostridium difficile Infection (CDI)

In October 2016, NHS National Services Scotland in collaboration with Health Protection Scotland (HPS) and the Scottish Microbiology and Virology Network published a revised version of the **Recommended Protocol for Testing for Clostridium difficile and Subsequent Culture**.

Link: http://www.hps.scot.nhs.uk/haiic/sshaip/resourcedetail.aspx?id=690

The revised protocol includes some new recommendations relating to the sample selection with recommendation to test all diarrhoeal stools in patients aged 3 and above, however, the mandatory surveillance of CDI remains limited to those patients aged 15 or above.

High rates of asymptomatic colonisation in infants of both toxigenic and non-toxigenic *C. difficile* have been reported. Interpretation of positive results in children is problematic. The recommendation is limited to those aged 3 and above only. Current available evidence in Scotland suggests that the prevalence in children is low. HPS will monitor the situation for a period of one year to assess the true burden, which will in turn shape future developments.

Changes to Female Testosterone requesting

From 1st Nov 2016, GG&C changed to an LC/TMS androgen profile comprising testosterone, androstenedione and 17-OHP for all female testosterone measurements.

This was in line with the 2013 Endocrine Society guideline that advices to exclude other pathologies that may mimic PCOS, such as non classical CAH, and that measurement of testosterone alone is not a sensitive marker of androgen excess.

You will see ICE has been updated to reflect these changes.

➢Testosterone should only be requested on male patients

➢When Testosterone is required on a female patient, the Androgen Profile should be requested instead of Testosterone

•Ideally a sample should be taken during the early follicular part of the menstrual cycle (day 1-4), due to variation in androgen concentration through the cycle.

•If this is not possible, providing dates of last menstrual cycle (LMP) will greatly assist interpretation of results.

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ICE Barcodes

Can we remind you to ensure the ICE barcodes on your sample tubes are intact and not cut off at the end and are not faded due to toner issues with your printers. Both these issues introduces error and cause considerable delay when trying to book requests into the laboratory computer systems.

'Clinical Details' section

Clinical details are important, we appreciate when they are included with the request which aids interpretation. Clinical information is especially useful when results are abnormal as they help us to add on appropriate interpretative comments or to telephone significant results.

There are two scenarios we would like to clarify to ensure your request is handle appropriately:

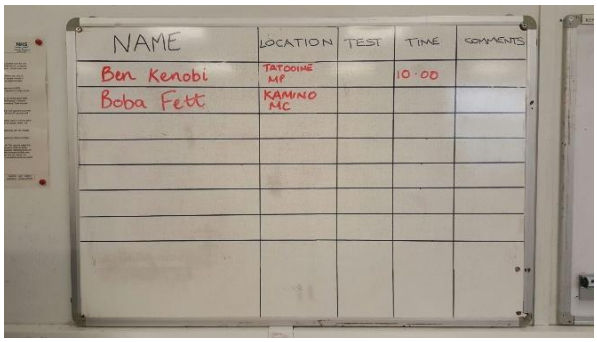
1) Urgents

Requestors cannot assume adding "**Urgent**" to the Clinical details section, will lead to the sample being treated as urgent without contacting the laboratory beforehand.

All urgent requests must be phoned to be arranged on 0141 314 6157 and form marked "**Urgent**" to flag to laboratory staff (NB. IRH GPs should contact IRH on 01475 524213 for Biochemistry or 01475 504324 for Haematology requests).

•Samples should be packaged separately from routine samples e.g. in separate pink transport bag/envelope to make it easier for reception staff to identify urgent samples quickly.

•For samples sent from GP's which are regarded as very urgent (this includes Malaria testing and any other test which requires onward transport to a reference lab for processing) and require results back before 6pm that day please contact the laboratory directly to warn them and provide contact details. Biochemistry will only phone results that breach agreed critical limits.



2) Additional tests (not found on ICE)

If you have a specific request that can not be found on ICE, the clinical details section cannot be used to add it on. Please use a separate manual request form with a new specimen label.

Clyde Biochemistry Laboratory Handbook……Updated

And can be found on the following link:

http://www.nhsggc.org.uk/media/240042/pd-cbio-100_biochemistry_lab_handbook.pdf

We would be delighted with your feedback on issues that you would like us to address in the newsletter. Comments or suggestions can be sent to:
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