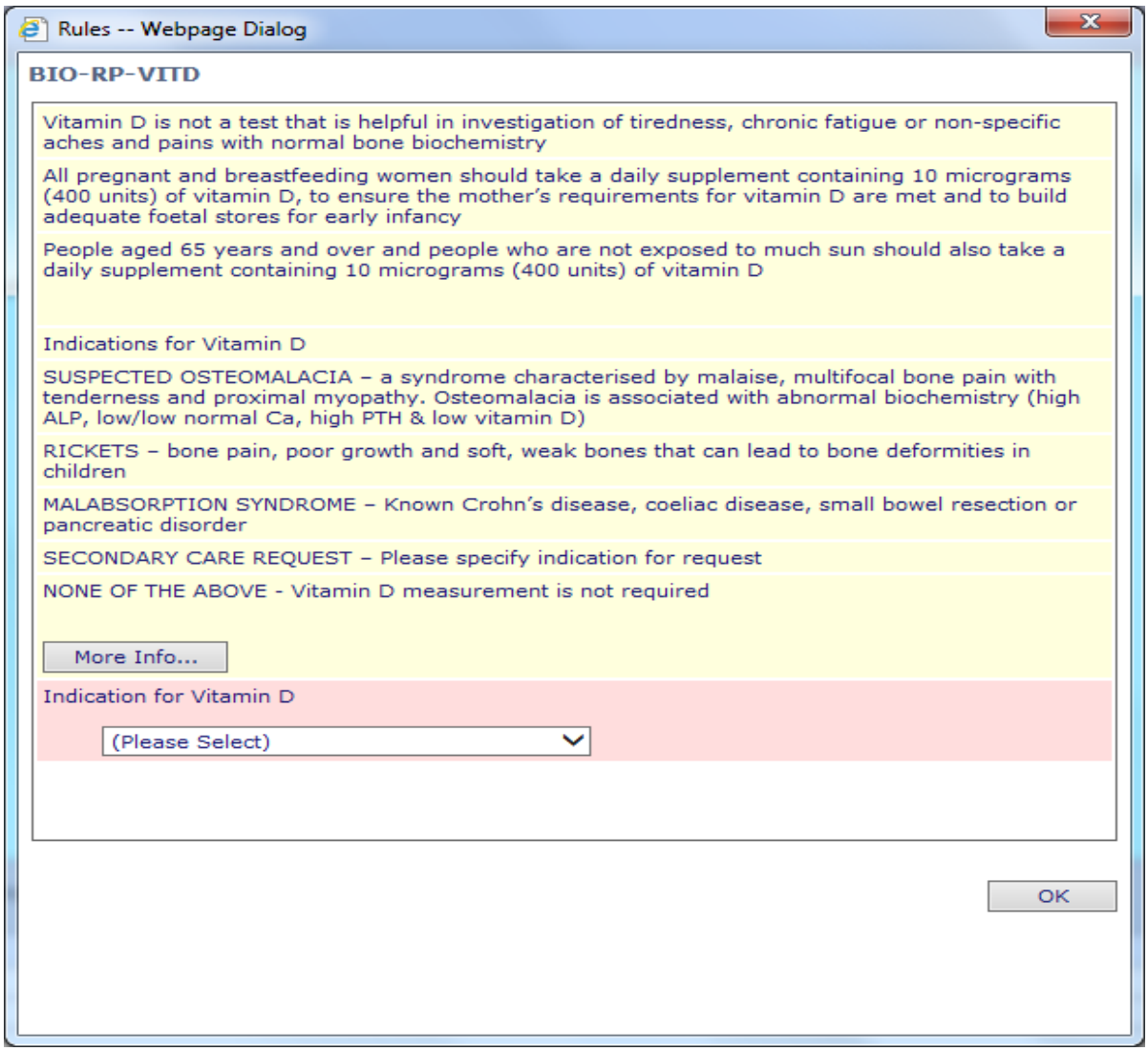
Laboratory News
Please circulate to all members of staff within the practice
NHS Greater Glasgow and Clyde
Issue 15
March 2020

Clyde Sector

Changes to Vitamin D requesting via ICE

From Tuesday 3rd March, vitamin D requesting in the ICE system will change in order to reflect the NHSGGC Vitamin D guideline. When making a vitamin D request, you will be presented with a dialogue box containing a summary of the current guidelines and prompted to supply an indication for the request (see below). Should none of the listed indications apply, the request will be rejected and information on recommended treatment will be provided.



Please note this does not represent a change to the existing pathway, but a means of reinforcing the current NHSGGC Vitamin D guideline to avoid unnecessary testing. A link to the guideline will be available via ICE by clicking on the "More Info" button (see above).

The above change has been approved by the LMC and GP interface group.

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Immunology Update

Changes to ANA screening instrumentation and testing strategy

As part of an instrumentation upgrade we are now be performing ANA screens on **HEp2 cells** rather than HEp2000 cells.

-Unlike HEp2000, HEp2 cells do not over-express Ro antigen so a very small number of Ro positive patients may not be picked up by the new test. Therefore in ANA negative patients with a strong clinical indication for Ro positive disease e.g. neonatal lupus, ENA antibodies should also be requested.
- ENA requests are vetted so are dependent upon appropriate clinical details being provided.
-This change in analyser is highlighted on all reports.

The **ANA screening dilution** has also changed from 1/40 to **1/80**.

-This will reduce detection of very weak positive 1/40 ANAs that are not clinically relevant and often lead to unnecessary rheumatology referrals.
-The reporting of ANA titrations has changed: 1/80 titres are being reported but users will not see any 1/40 titres. The 1/160, 1/640, 1/2560 titres remain unchanged.
- Test requesting and sample requirements are unchanged.

New assay – IgG tTG for IgA deficient coeliac serology

The IgG endomysial antibody assay has been replaced with **IgG tissue transglutaminase (tTG)**.
This assay is used in the investigation and monitoring of coeliac disease in patients with low or deficient total IgA.

- The testing strategy remains the same – IgA tTG remains the first line screen for ?coeliac.
- IgA tTG is effective in detecting IgA deficiency – there is no need to request immunoglobulins.
-IgGtTG will continue to be added as appropriate – if IgA tTG is negative with a low response, and total IgA is ≤0.4 g/L.
- IgG tTG will not be requestable on electronic ordering systems.
-IgG tTG provides a **quantitative numerical** result (negative <7 U/mL, equivocal 7-10 U/mL, positive >10 U/mL), which will aid monitoring.
-IgG tTG will be performed routinely on a weekly basis and interpretative information added to reports.

Please contact the Immunology laboratory (0141 347 8872) if you have any queries or would like to discuss this update.

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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