

# *Pathology news*



An NHS partnership providing a highly dependable, clinically assured and cost effective diagnostic pathology service



@swlpathology



company/swlp



Email us



swlp.nhs.uk

Dear colleague,

2019 represents a big year for SWLP, with the possible increase of our partnership to incorporate Epsom and St Helier as a fourth partner trust and the deployment our new Laboratory Information Management System (LIMS), having awarded our contract to CliniSys for the Winpath Enterprise.

We are moving to a cloud based LIMS system through a managed service, which will not only give greater resilience and flexibility but will also improve our ability to report information, streamline our processes and facilitate an improvement in quality and turnaround times as we seek to refresh our workflows to modern day working practices. Our old LIMS was designed in the late-80s and deployed in the mid-90s so much of the technology we have today and the demands on our services simply didn't exist when it was deployed.

The economy of scale from extending the SWLP partnership will help provide more efficient use of finite resources and drive standardisation across the whole sector to the benefit of patients, service user and partner trusts. A formal programme is being established to explore this partnership between the four acute trusts and this aligns SWLP with the NHSi consolidation programme published in 2017.

While we plan such large developments we are keen to ensure that our services on the ground are high-quality and robust services. Having attained full UKAS accreditation across all our sites last year, we are now starting the process of annual validation in March this year, further evidence of our high-quality services. The introduction of new tests and clinical innovations continue to be our focus with the introduction of FIT testing for all CCGs across the sector from April. We are also expanding our POCT repertoire and seeking new service models as pathology continues to modernise.

Key to us providing our service users with an effective service is our ability to manage and process samples. This includes ensuring more samples are accepted and stored appropriately prior to collection, during transit and on arrival at the hub laboratory.

Our courier partner ERS Medical continues to work with us as we expand and we closely monitor the quality of samples received in the laboratory. We have recently started a pilot of temperature controlled boxes in the vans and also a programme of reviewing the work undertaken at each site to ease pressure on the Hub lab and hope to improve our turnaround times, reducing the time samples are waiting for analysis.

A key feature of our new LIMS system is the 'sample tracker' module and we will be exploring with our courier partner how to track samples from collection to drop off and then how to present information with the aim of reducing the number of lost and misplaced samples prior to analysis. As we process close to 5,000 samples every working day, the ability to track samples will be a significant quality improvement in our service and an opportunity to refine our processes.

We would encourage you to take the time to complete our website survey and also remind yourselves of our key contact information.

Please do get in touch if you wish to raise any questions or discuss any aspect of our services.



**Simon Brewer**  
Managing Director



**Dr Tim Planche**  
Medical Director

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## What's new in SWLP

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### Grossly abnormal results

At SWLP, each discipline handles how grossly abnormal results are communicated to GPs in a different way, depending on the nature of the test.

Below is information about how each discipline makes decisions about when to contact GPs urgently with results.

#### Chemistry

Results outside the limits in the table below will be telephoned to GP practices during normal working hours.

From 6pm to 10pm weekdays, and 8am to 10pm weekends and bank holidays, results will be reviewed by a clinical scientist/chemical pathologist, and telephoned to the out-of-hours service if required.

Analyte	Lower Limit	Upper Limit	Units	Notes
Sodium	≤ 120 ≤ 130 if age under 16 y	≥ 160	mmol/L	
Potassium	≤ 2.5	≥ 6.5	mmol/L	
Glucose		≥ 25 ≥ 15 if age under 16 y	mmol/L	≥ 30 if known diabetic
Creatinine		≥ 350 ≥ 200 if age under 16 y	mmol/L	Results won't be telephoned if dialysis patient or known CKD unless creatinine has increased by ≥ 100 umol/L from previous result
CRP		≥ 300	mg/L	
Calcium	≤ 1.8	≥ 3.5	mmol/L	
Bilirubin (Paediatric)		≥ 250	umol/L	
ALT		≥ 750	IU/L	
Cortisol	≤ 50		nmol/L	Unless post dexamethasone
CK		≥ 5000	U/L	
Digoxin		≥ 2.5	umol/L	Sample should be 6h post dose
Lipase		≥ 300	U/L	
Lithium		≥ 1.5	mmol/L	
Magnesium	≤ 0.4		mmol/L	
Paracetamol		All detectable levels	mg/L	
Phosphate	≤ 0.3		mmol/L	
Phenytoin		≥ 25	mg/L	
Salicylate		≥ 300	mg/L	
Theophylline		≥ 25	mg/L	
Troponin T		≥ 50	ng/L	
Urea		≥ 30 ≥ 10 if age under 16 y	mmol/L	Results won't be telephoned if dialysis patient or known CKD unless urea increases by ≥ 10 mmol/L

## Haematology

If an abnormal result which meets the criteria set out below is detected within office hours, a biomedical scientist will contact the patient's clinical team (consultant or GP).

If the result is detected out of hours, a biomedical scientist will call the clinical team for an in-patient or 111 if the request came from a GP. In this case, clinical queries should go through the on-call registrar.

HB	≤ 70 g/l if new anaemia or fall of 40 g/l in 24 hours
Neutrophils	≤ 0.5 x 10 <sup>9</sup> /L unless patient known to be receiving chemotherapy
Lymphocytes	≥ 50 x 10 <sup>9</sup> /L unless known CLL
Platelets	≤ 30 x 10 <sup>9</sup> /L

## Immunology

Any clinically significant results warranting urgent action are telephoned to the requestor at the discretion of a consultant clinical scientist

## Microbiology

In Microbiology, there are no reference ranges per se. Significant urgent results are telephoned or communicated by other means on the judgement of the clinical microbiologists.

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## The first six weeks of qFIT testing

SWLP have been offering the qFIT to Croydon GPs since the beginning of the year and it is worth reviewing how this is working.

The table below gives information about how the test is being used and highlights a few problems.

Number of samples received	52
Number of samples with raised qFIT	10
Number of samples inadequately labelled	24
Number of requests with no location to return results	7

### Age range of patients

30 to 39 years	3
40 to 49 years	4
50 to 59 years	10
60 to 69 years	11
70 to 79 years	7
80 years or older	10
No information about age	7

There is an issue with samples being correctly labelled. The samples need to be labelled with:

- first name
- surname
- date of birth
- hospital number or NHS number.

We also need to know where to return results to enable the requesting doctor to act in a timely manner on the results.

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## Guidance on labelling requests and samples

All pathology requests should be made by either a clinician or suitably trained practitioner and it is their responsibility to ensure all requests:

- are made on the correct patient and selecting the correct encounter for that patient
- include whatever information is required by the laboratory to perform the test and interpret the result
- clearly show which analytical tests are required and the clinical need for those tests

It is the responsibility of the phlebotomist or person collecting the sample to ensure the appropriate sample collection container is used and that the samples are labelled fully with the correct details.

All labels, whether printed or hand written, should be legible. The requestor must not place labels loosely in the specimen bag, but attach them to the specimen(s).

## Making requests

Requests for pathology investigations can be made in one of several ways:

- most requests for pathology investigations are received electronically, using an electronic pathology system, eg TQuest, ICE, however this is determined by the Trust and the department to which investigations are being sent
- some departments/clinical areas may need a request form, even though the request may have been made using an electronic pathology system
- when the electronic pathology system is not available, [request forms \(downtime forms\)](#) must be used.

If you are using an electronic pathology system and the request is made correctly, all of the required information will be provided on the label.

Each request form **must** contain the following patient identification criteria:

- the patient's NHS or Medical Record Number
- the patient's family and given name
- the patient's date of birth.

On paper requests, the requestor's name, designation and location, including ward and hospital, should be clearly spelt out or typed in the specified fields on the SWLP request form.

## Labelling samples

Once the sample has been collected, it should be labelled using the appropriate printed label. The only information which needs to be added by the person collecting the sample is the time collected and their initials. Initialling the specimen identifies the person responsible for labelling it and must take place as soon as the specimen has been collected.

If the label is too large to be attached to the blood tube, the details of the patient can be written by hand on the tube and the label sent with the tube in the same plastic bag.

Requests or samples that are received by pathology which do not comply with the above guidance may be rejected and not analysed (see the policy below for details of exceptions and how they are managed).

# SWLP sample request and labelling policy

## Completing downtime forms

There have been some issues recently in the completion of downtime order forms, leading to samples not being processed.

Downtime order forms are available on the [SWLP website](#). These forms should only be used if the electronic pathology system, eg TQuest, ICE, is not available. Unless the system is not available, all orders should be made using the electronic pathology system.

Downtime forms should always be accessed through the SWLP website as the forms are updated periodically.

If it becomes necessary to use a downtime form, it is crucial that the following information is included:

- the patient's NHS or Medical Record Number
- the patient's family and given names
- the patient's date of birth
- requesting GP/consultant
- GP surgery/hospital location.

Downtime forms have been coming through without a location, which means the sample cannot be processed. Please insure that all the information above is included on the form.

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## Sending samples for different disciplines

If you are sending in samples for different disciplines at the same time for the same patient you should send a separate sample for each discipline. The disciplines are:

- Chemistry
- Haematology
- Microbiology
- Immunology.

As an example, if you are sending in samples for PTHP and full blood count, both require EDTA samples so a separate sample is required for each rather than one sample for both tests.

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## Numbers to call for results and advice

As a reminder, the tables below show the numbers to call for results and advice for the different disciplines and locations.

Most results should be available electronically, so the results lines are for results that have not come through the usual route.

Clinical Biochemistry and Haematology		
Most work is processed at St George's Hospital and Croydon hospitals process urgent local work, for example samples for A&E		
Location	Clinical advice	Test results
St George's Hospital	<b>Biochemistry</b> - duty biochemist - call the hospital switchboard and asking for extension 5867	020 8725 5468

	<b>Haematology</b> - Contact St George's Hospital switchboard on 020 8672 1255 and ask for bleep 602.	
Kingston Hospital	<b>Biochemistry</b> - 020 8934 2056 / 3292 / 2057 /3309 <b>Haematology</b> – contact switchboard - 020 8546 7711 - and ask for oncall haematologist	020 8725 5468
Croydon Hospital	<b>Biochemistry</b> - 020 8401 3548 <b>Haematology</b> – duty doctor - 020 8401 3026/3594	020 8725 5468

### Immunology/Protein Reference Unit

All Immunology samples are processed at St George's Hospital

Clinical advice	Specimen reception and test results
020 8725 5106	020 8725 5106

### Blood Transfusion

St George's Hospital	020 8725 5477 / 5473
Kingston Hospital	Results: 020 8934 2029/2031 Service enquiries: 020 8934 2046
Croydon Hospital	020 8401 3000 (Croydon Hospital switchboard) and ask to be transferred to the Blood Transfusion Department.

## Microbiology

Most work is processed at St George's Hospital and Croydon hospitals process urgent local work, for example samples for A&E

Location	Clinical advice	Results
St George's Hospital	020 8725 5693 Option 2	020 8725 5693 Option 1
Kingston Hospital	Kingston Hospital switchboard 020 8546 7711 and ask for the duty microbiology consultant	020 8725 5693 Option 1
Croydon Hospital	Croydon Hospital switchboard 020 8401 3000 and ask for the duty microbiology consultant	020 8725 5693 Option 1

## Cellular Pathology

All Cellular Pathology samples are processed at St George's Hospital

Clinical advice	Enquiries
0208 266 6530	020 8725 5263 / 5265 / 5267 / 5269

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## Reminder – do not refrigerate samples



Please remember that samples should not be refrigerated as this can interfere with the accuracy of some results.

If you are concerned that your samples have not been collected at the scheduled collection time please telephone the SWLP enquiries line on 020 8266 6510.

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## SWLP website survey

The SWLP website was created in 2014 when SWLP was formed. While the website worked well at the time, it is now a good time to review the website and how it meets users' needs.

We are hoping to redevelop the SWLP website this year to make it easier to search and navigate, so users can easily find the information they need. This process will also include reviewing and refreshing the content.

As part of this process, we are hoping to get feedback about how people use the website and the kind of information they are looking for. We would be very grateful if you could complete the short survey below. It will take no more than a couple of minutes and the results will help us to make sure the website meets your needs.

Everyone who completes the survey will be put into a draw to win a £20 John Lewis voucher.

[Take the SWLP website survey](#)

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## Clinical updates

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### Biotin supplements and influence on biochemistry results

Biotin (vitamin B7) is a minor product of many daily multivitamin tablets but is increasingly used at very high dose in OTC lifestyle products, sold to promote hair and nail health.

It has come to light that some laboratory methods are susceptible to interference from biotin if high doses are used (5,000 micrograms or more daily) which may result in falsely high or low results depending on the particular test. Assays shown to be affected are TSH, FT4, FT3, vitamin D, troponin, NTPro-BNP and PTH.

Patients taking biotin doses >5000 micrograms should wait at least eight hours post dose before blood samples are taken. Doses present in standard daily multivitamins (generally 30-40 micrograms) do not interfere.

To ensure testing accuracy it is good practice to ask patients about their use of all supplements, including biotin, before laboratory tests are run. If results do not fit with the clinical picture, especially if the patient is taking OTC or prescribed high dose biotin, please contact the Biochemistry laboratory for advice.

Further information is also available at: <https://biotinfacts.roche.com/>

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## Changes to PSA age-specific thresholds

The Pan London Suspected Cancer Referral Guide for Urology was updated in August 2018. This included new PSA age-specific thresholds which are as follows:

Age	PSA value (ug/l)
40-49	$\leq 2.5$
50-69	$\leq 3.0$
$\geq 70$	$\leq 5.0$

SWLP implemented the change in reporting from 5 December 2018.

The referral guide recommends using a suspected cancer pathway (for an appointment within two weeks) for all symptomatic men with a PSA above the age-specific threshold, even in the presence of a urinary infection.



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