

Pathology news



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



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Welcome to this edition of Pathology News. 2020 is already a busy year for SWLP, with many key projects underway. We will continue to work to repatriate tests that we send to other laboratories and also optimise processes to guarantee our turnaround times. This edition highlights many changes across several service areas and we hope to introduce a new look and feel website and SWLP pathology handbook over the coming months.

The big project for this year is the replacement of our LIMS system from Apex to Winpath Enterprise and looking to extend the partnership to four trusts within SWL sector. We will issue more specific comms in relation to both these two large projects and are planning on coming out to clusters to share the plans and outline changes/improvements that result from them. Two benefits from moving to a new LIMS will be the move to greater clinical standardisation of test names, methodologies and reference ranges and also the capability to reduce duplicate and inappropriate testing.

Further to this SWLP will continue to work to improve communications and engagement with our service users to ensure there is easy access to results and clinical advice and also involvement in the development, planning and implementation of major projects.

Please do get in touch if you wish to discuss any aspects of our service by emailing SWLPComms@stgeorges.nhs.uk.



Simon Brewer
Managing Director



Dr Tim Planche
Medical Director

What's new in SWLP

New Laboratory Information Management System

We are currently in the process of introducing a new Laboratory Information Management System (LIMS) at SWLP. The LIMS underpins all the work that is done in the laboratories, from booking-in and processing samples to sending results to Ordercomms systems. All samples at SWLP are currently processed using the Apex (iLab) LIMS, which is connected to all primary care Ordercomms systems via an integration engine that allows the systems to talk to each other.

The new system will be WinPath Enterprise 7 from CliniSys, which is a market leader and a LIMS system that is widely-used in the UK.

The lab staff from across SWLP are currently working on the design and implementation of the new LIMS system. The key go-live dates for the project are below:

- Blood Transfusion – September 2020
- Microbiology – November 2020
- Clinical Blood Sciences – November 2020
- Cellular Pathology – March 2021

The connectivity to the practice Ordercomms systems will be fully tested. Once the new LIMS system is deployed, GPs won't see any change to the current processes.

We will keep you updated with the progress of the project. If you have any questions please email SWLPComms@stgeorges.nhs.uk.

Requesting the QuantiFERON test for latent tuberculosis (TB) infection

If you are requesting the QuantiFERON test for latent tuberculosis infection (LTBI), please ensure you use the **blue** LTBI testing bag (picture below) when you send the sample (in some cases, with the completed request form) to the laboratory.



These samples must arrive in the laboratory within 16 hours and if the sample is not in the correct bag this time limit can be exceeded. Please note, the Quantiferon test for latent TB is performed by Medical Microbiology. Please request the test on Ordercomms.

Please send a green-topped lithium heparin sample with at least 6ml of blood.

[Find out more about the LTBI test on the SWLP website](#)

Familial hypercholesterolaemia services at St George's Hospital

Familial hypercholesterolaemia (FH) is a common metabolic disease in the UK and it has been estimated that 1 in 200 of the population have this condition. The NICE guideline recommends the Simon Broome criteria for the diagnosis of FH. The criteria are as follows:

- Total cholesterol greater than 7.5 mmol/L or an LDL greater than 4.9 mmol/L in an adult and total cholesterol greater than 6.7 mmol/L in a child
- Presence of a personal or family history of premature coronary heart disease (an event before 60 years in an individual or a first-degree relative; and, before 50 years in a second-degree relative)
- Family history of hypercholesterolaemia (Cholesterol levels same as above)
- Exclude secondary causes of hypercholesterolaemia before considering a diagnosis of FH

FH is underdiagnosed and undertreated in the general population. Early detection of this condition would prevent coronary artery disease in young adults and would be cost-effective. It has been shown that without the treatment, 50 percent of men and 30 percent of women would have a coronary artery event by the age of 60.

We have recently set up a paediatric lipid clinic at St George's Hospital designated to children and adolescents in an age-appropriate environment, in addition to our existing lipid clinics for adults. The clinic is run by Dr Christina Wei, a paediatric endocrine consultant, and Dr Mahtab Sharifi, an adult metabolic physician. Cascade screening by means of genetic testing is offered to the children of parents with a confirmed diagnosis of FH.

Once genetically confirmed with FH, the children will be monitored and treated according to national guidelines in the paediatric lipid clinic. The main aim of the clinic is to diagnose, monitor, treat and educate children with FH from a young age in order to reduce long-term morbidity. Please make a referral to the lipid clinic under Dr Sharifi for adults or the paediatric lipid clinic under Dr Sharifi and Dr Wei for children and adolescents under the age of 18, whose parents are known to be affected by FH. You can make the referral by email, letter or choose and book.

Expiry dates of blood tubes

Please ensure that when you send blood to the lab the blood tube used is not past its expiry date. Blood tubes used past their expiration can cause erroneous results in a wide variety of analytes. SWLP will always provide you with stock when you need via our couriers so there is no need to overstock with blood tubes.

If you would like to order more consumables you can do this through the SWLP website.

[Visit the pathology store](#)

Microbiology brings tests back in-house

Microbiology has brought a number of tests that used to be sent away back in-house. Making these changes significantly reduces the turnaround times for these tests, resulting in an improved patient experience.

The first of these tests is the Panton-Valentine leukocidin (PVL)/Polymerase chain reaction (PCR), which used to be sent to Public Health England. The turnaround time for this test used to be two weeks but is now seven working days, a significant reduction.

Molecular detection of *Trichomonas vaginalis* (TV) and *Mycoplasma genitalium* (MG) from genital samples is now being performed in-house using the Roche 6800 platform. This has not only enabled a reduction in turn-around time from up to seven days to three days, but will also improve patient experience as a single sample can be used for the detection of TV/MG and CT/NG (*Chlamydia trachomatis* and *Neisseria gonorrhoeae*). In addition, molecular detection of macrolide-associated resistance mutations in *M. genitalium* will also be available in-house later this month.

Cytomegalovirus (CMV) can now be requested as a stand-alone test, having previously only been available as part of a combined test. Testing is now done every day of the working week, where previously it was only done three times a week.

Microbiology is looking to repatriate further tests in the coming months.

Improved method for measuring serum creatinine

We have changed the method we use for measuring serum creatinine from the Jaffe method to an enzymatic method. This new method is more precise and accurate, especially when monitoring for acute kidney injury (AKI).

TPO antibodies

We are changing the way that we test for thyroid microsomal antibodies shortly. We are making this change to harmonise the service across the SWLP network and improve turnaround times.

Please note that this will result in a reference range change for some users. If you have any questions you can email stgh-tr.DutyBiochemist@nhs.net.

Sending specimens to Microbiology

Please ensure all specimens sent to Microbiology are sent in individual sealed specimen bags. This ensures that samples that leak do not contaminate other samples and prevents the spread of infection to staff handling the bags during transport and in the laboratories.

With the risk of the new coronavirus entering the UK it is essential that all microbiology samples are individually bagged.

Faecal Immunochemical Test (FIT) samples being sent in wrong container

A number of Faecal Immunochemical Test (FIT) samples are being sent to SWLP in the wrong container. This means that the samples cannot be processed. The leaflet below shows the container that you should be using.

[FIT leaflet](#)

Please ensure that all FIT samples are sent in the containers supplied by SWLP. If you are running out of containers please contact us to request more. You can order more by emailing:

SWLPBusinessDevelopment@stgeorges.nhs.uk.

Do not put SWLP samples in purple HSL bags

The cervical screening programme in London is now managed by HSL, who have a courier service in place to pick up samples from GPs and take them to the Halo Building in Mabledon Place. They use clearly-labelled purple transport bags for this purpose. SWLP laboratories use a different courier to collect samples from GPs in a clearly-labelled white transport bag.

Please ensure that you put samples in the correct bag. There have been occasions where samples for SWLP have been put in purple bags and have gone to HSL rather than to an SWLP laboratory. By the time HSL return the samples to SWLP they are too old to analyse.

FIT leaflets in different languages

Leaflets about the FIT test in 12 different languages are now available on the SWLP website. The leaflets can be found at the bottom of the page below:

[Fit testing](#)

The leaflets give instruction on how to carry out the FIT test, and should be given out with the test so the patient knows what to do.

The languages available are:

Arabic
Chinese simplified
English
Hindi
Punjabi
Turkish

Bengali
Chinese traditional
Gujarati
Polish
Somali
Urdu

Malarial parasite testing

Please be aware that patients being tested for malarial parasites must be bled at a hospital phlebotomy site to ensure that the sample is fresh for analysis.

[Find out more about this test](#)

Tests for private patients

SWLP is now taking requests from private patients and we can take payment over the phone.

A wide range of tests is available. Some of the top tests that are requested from private patients are:

- Renal profile/liver profile
- Thyroid profile
- HBA1C
- FBC
- Lipid profile
- Bone profile
- Iron binding studies.

We are also able to provide blood group testing to private patients.

If you want to find out more or request a test you can contact the laboratory for further details by calling 02 08266 6510.

Code for requesting Chlamydia tests

We have been receiving requests for Chlamydia testing using the order code GENI, which is not the correct code.

Please make sure that you order tests for Chlamydia trachomatis and Neisseria gonorrhoeae (CT/GC) using the correct orderable code on your system and not GENI.

Using the code GENI will instruct laboratory staff to process the sample as a routine genital tract sample (eg HVS). Currently, if the sample arrives in a Chlamydia collection kit we are cancelling the order for GENI and re-booking it as a CT/GC combination test.

Collecting a 24 hour urine

Guidance is available on how to collect a 24 hour urine (below). Please review the guidance so that patients know how to complete the test correctly so it can be analysed in the lab.

If you have any concerns about a sample you can contact the SWLP Specimen Reception at St George's Hospital by calling 020 8725 2651.

[Collecting a 24 hour urine](#)

Clinical updates

Vitamin D Guidelines

The National Osteoporosis Society (NOS) have updated their recommendations for Vitamin D and Bone Health (December 2018)

They suggest that the following groups of patients should be tested for vitamin D deficiency:

- Patients with bone diseases (a) that may be improved with vitamin D treatment or (b) where correcting vitamin D deficiency prior to specific treatment would be appropriate.
- Patients with musculoskeletal symptoms that could be attributed to vitamin D deficiency.
- Asymptomatic individuals at higher risk of vitamin D deficiency.

NOS **does not** recommend routine testing of 25 (OH) D levels in asymptomatic healthy individuals.

Links to the full guidelines are below:

[NOS: Vitamin D and Bone Health: A Practical Clinical Guideline for Patient Management](#)

[NOS: Vitamin D and Bone Health: A Practical Clinical Guideline for Patient Management in Children and Young People](#)

Below is a useful one page quick guide for patient management:

[NOS: Vitamin D and Bone Health: A Practical Clinical Guideline for Patient Management The quick guide](#)



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