



South Sector

Immunology Laboratory Update

ANA, RHEUMATOID FACTOR, LIVER & GASTRIC PARIETAL CELL ANITBODIES

A review of ANA, rheumatoid factor, liver (smooth muscle & mitochondrial) and gastric parietal cell antibodies showed no significant change within a year in > 97% of patients. Accordingly the **request intervention interval has been increased to 1 year**. However, it is recognised that a few patients may need earlier re-testing. This can be organised by simply writing clear clinical justification for the repeat request or by phoning **0141 347 8872**. Samples are generally kept for 2-3 weeks.

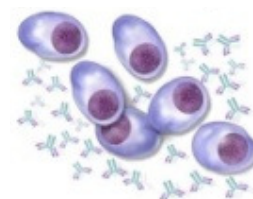
AUTOMATIC FOLLOW-ON TESTS FOR POSITIVE ANA RESULTS

All new positive ANAs with titre of at least 1/160 will have both dsDNA and ENA antibodies added by the laboratory irrespective of pattern.

RHEUMATOID FACTOR POSITIVE RANGE

A **weak positive** range of **30-90** is now included on reports in line with the latest EULAR guidelines https://www.eular.org/myUploadData/files/RA%20Class%20Slides%20ACR_Web.pdf

Further information regarding the immunology service can be found on the NHS GGC immunology website <http://www.nhsggc.org.uk/about-us/professional-support-sites/immunology/>



Assessment of Haematology Services



As a user of the haematology laboratory your opinion is important to us. In order for us to improve our service we would be grateful if you could spare a couple of minutes to provide some feedback. You can take part by following the link to the survey at: [QUESTIONNAIRE](#)
Thank you in advance for your response.



BNP & Heart Failure Diagnostic Pathway

After a successful pilot, in the Renfrewshire area, whereby GPs were given direct access to BNP blood tests for patients with suspected Heart Failure, this service has been rolled out to all GP practices in the Greater Glasgow and Clyde NHS board area. The Heart Failure Diagnostic pathway (HFDP): SCI Cardiology Direct Access Service can be found on:- <http://live.nhsggc.org.uk/media/246665/heart-failure-diagnostic-pathway-dec-2017.pdf>

NHS GGC: Heart Failure Diagnostic pathway

Q. When to request BNP ?

A. **When a patient has symptoms of shortness on breath on exercise, orthopnoea, ankle oedema or fatigue**

Q. What do I do next ?

A. **Check patients previous cardiac history and examine for "new" atrial fibrillation or cardiac murmur**

NOTE: If your patient has had a previous MI or is male with ankle oedema refer directly to HFDP

Q. What sample do I need for BNP ?

A. **5 ml blood in a purple (FBC) tube**



NOTE: Send sample to laboratory on the same day as collection

Q. How do I interpret the results ?

BNP <100 ng/L :-HEART FAILURE VERY UNLIKELY

- Investigate for non-cardiac causes of symptoms
- Good practice to perform ECG
- If LVH, LBBB, arrhythmia or Q wave present = Refer to general Cardiology clinic



BNP ≥ 100 ng/L :- REFER TO HFDP

- Patient will undergo ECHO and ECG
- If ECHO is abnormal Cardiology review will be arranged



Vitamin D Guidelines



Vitamin D deficiency has been linked to a wide range of conditions ranging from osteoporosis to multiple sclerosis. To help prevent and treat vitamin D deficiency, NHS GGC has developed a guidance document which gives advice on how to treat adults who are at risk of or who are known to have deficient /insufficient levels of vitamin D.

Q. When to measure vitamin D

- A. Patients with adjusted serum calcium ≤ 2.1 mmol/L or where blood results suggest possible osteomalacia
- B. Patients with malabsorption syndromes

Q. How frequently should I measure vitamin D ?

- A. Generally not required unless exceptional circumstances e.g. malabsorption with suboptimal vitamin D levels
- B. Repeat testing is only appropriate after at least 6 months' supplementation

NOTE: Repeat measurement of vitamin D is prevented by request intervention within 340 days of a previous result. However, it is available if a clear clinical justification is given by contacting the duty biochemist on 0141 354 9060 (option 4). Samples will be kept for 5 days after collection.

The NHS GGC Vitamin D guidelines can be found using the link below:-

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

Haematinic (B12, folate, ferritin)

To try and help reduce unnecessary haematinic requests we would suggest haematinics should not be requested as a first-line test unless specific features suggest the possibility of B12, folate or iron deficiency (overload) are present. The list below is not exhaustive and is for guidance only. You should continue to request any of these tests if there is a clinical indication to do so. Repeat testing of haematinics will be rejected within **28 days** of a previous request. However, the tests can be reinstated by contacting haematology on **0141 354 9097**.

Test	Suggested indication for haematinic request
Serum Ferritin	- Hypochromic microcytic anaemia; any anaemia in females <50yr - Query haemochromatosis or other forms of iron overload
B12 + Folate	- Macrocytic anaemia; Peripheral neuropathy; Oral ulceration - Unexplained cerebral decline; Anaemia and hypothyroidism - Anaemia + thrombocytopenia or neutropenia or both.
B12+ Folate + Ferritin	- Unexplained normochromic normocytic anaemia - Query malabsorption; Anaemia and poor diet

Add-On service



NON-URGENT add on tests can be requested using the add-on email address below :-

SouthGlasgow.BiochemistryAddOn@ggc.scot.nhs.uk.

You **MUST** include the following information in your email: **CHI Number/DOB, Surname, Date & Time of original sample, Original location of sample, Test/Analysis to be added on**. This will be responded to Mon-Fri 09:00-17:00

For **URGENT** "add-on" biochemistry requests between 09:00 - 17:00 Monday - Friday and 09:00 - 12:30 weekends and public holidays contact **0141 354 9060** and select appropriate option. Out of hours requests, **page 17684** or page on-call BMS via switch board.

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:

Jane McNeilly (j.mcneilly@nhs.net) or Tom Moffat (Tom.Moffat@ggc.scot.nhs.uk)