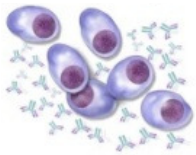
Laboratory News
Please circulate to all members of staff within the practice
NHS Greater Glasgow and Clyde
Issue 7
March 2020

South Sector

ANA Screening - Update



As part of an instrumentation upgrade in the laboratory we will 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 ANA 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. We vet ENA requests so are dependent upon appropriate clinical details being provided on request forms.
The change in analyser will be highlighted on all reports.

We have also changed our **ANA screening dilution** 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 will change: you will see **1/80 titres** being reported but **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

IgG endomysial antibody assay (indirect immunofluorescence) has been replaced with **IgG tTG** (tissue transglutaminase, fluorescence enzyme immunoassay). This assay is used in the investigation and monitoring of coeliac disease in patients with low or deficient total IgA. Please note the following points:-

- Overall testing strategy remains the same – IgA tTG remains the first line screen for coeliac disease.
- IgA tTG test is effective in detecting IgA deficiency – DO NOT request immunoglobulins at the same time.
- IgG tTG will be added when appropriate – if IgA tTG is negative with a low response, and total IgA is ≤0.4 g/L.
- IgG tTG provides a **QUANTITATIVE** result (**negative <7 U/mL, equivocal 7-10 U/mL, positive >10 U/mL**), rather than qualitative, which will aid patient monitoring. Interpretative information will be added to reports.

NOTE : IgG tTG WILL NOT be requestable on GP ICE ordering system.

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

Procedure for sending an urgent biochemistry sample

The laboratory **MUST** be phoned on **0141 354 9060 (option 4)** to notify that a sample is urgent

- Samples should be packaged in a **separate brown envelope** clearly marked **"urgent"**
- If there is no immediate routine sample collection due, consider sending the sample by TAXI
- A telephone number should be provided for the result to be phoned to.

** This should include a **mobile phone number** , usually the requesting GP mobile, for results to be called after 6 pm **

NHS GG&C CA125 Pilot Audit

The Scottish Clinical Biochemistry Network (SCBN) is leading on a piece of national work, auditing current practice in primary care, for investigation of women presenting with symptoms which may be due to ovarian cancer. This is a joint audit through the Scottish Clinical Imaging network (SCIN) and SCBN. A pilot has been conducted in NHSGGC and is now being rolled out to the other NHS boards across Scotland, to obtain a national picture. A report from the pilot audit can be viewed on the SCBN site (https://www.clinicalbiochemistry.scot.nhs.uk/)
Please also see link to NICE Guidelines on Ovarian Cancer https://www.nice.org.uk/guidance/cg122

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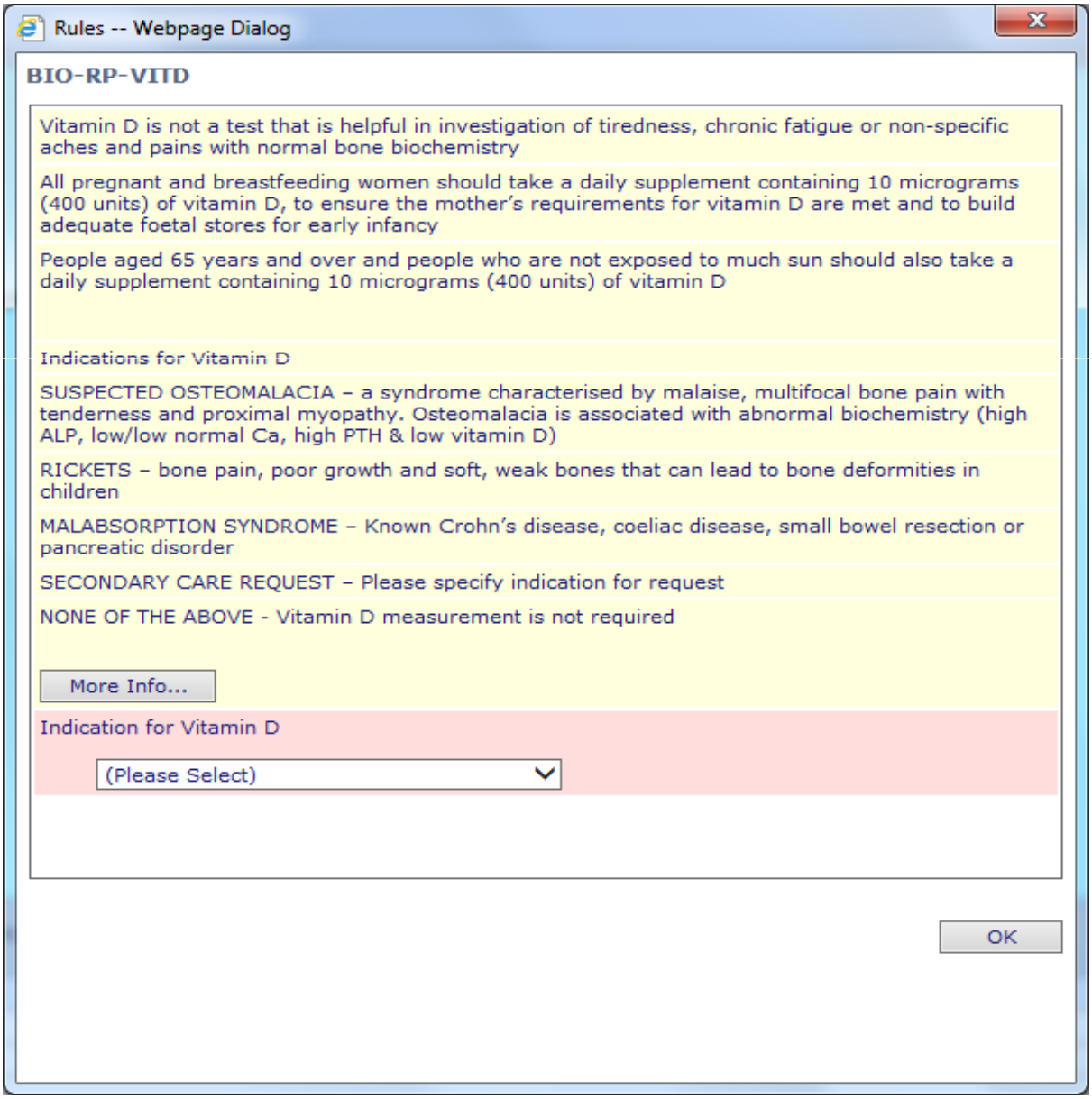
Changes to Vitamin D requesting via GP ICE

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.



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)