



## North Glasgow Sector

### ICE (Order Comms) Requests – sample transport

For requests made using the ICE Order Comms system, please note the following:

- Samples should be placed into clear plastic sample bags
- Each bag should only contain samples for a single patient
- Samples for different laboratory departments should be placed in separate bags

### Immunology Laboratory

Immunology have a new webpage on the NHSGGC site which includes a copy of the laboratory handbook, list of available allergens and request form, which we hope you will find useful.

<http://www.nhsggc.org.uk/about-us/professional-support-sites/immunology/>

New items in the handbook include details of the request intervention system used to reduce unnecessary repeat tests (eg. Rheumatoid factor within 60 days, Coeliac serology 5 months, ANA 30 days). All rejected requests are checked manually so if repeat testing is needed, please do provide a reason on the request form or phone the lab on 0141 347 8872 so we can re-instate the test. Samples are generally kept for 2-3 weeks.

Unfortunately it is no longer feasible to add immunology tests to samples sent to other disciplines.

### Repeat Test Intervals (Request Intervention)

Electronic request intervention processes are in place for certain tests to prevent clinically unnecessary repeat analyses (see table for time intervals). If you feel that repeat testing within the specified time window is justified in a specific patient, please provide the clinical indication with the request.

If a test is not performed, you will receive a report by the next working day providing the most recent result, and will still have the option of contacting the laboratory to arrange analysis of the sample. Please note samples are generally kept for 2-3 days.

Look out more detailed information and GGC guidelines on requesting of these tests in future issues of this newsletter. For more on vitamin B12 requesting, see overleaf.

Faecal calprotectin	120 days
B12	27 days
Ferritin	27 days
Folate	27 days
Lipid profile	30 days
PSA	21 days
Protein electrophoresis	90 days
TFTs	30 days
Vitamin D	340 days

### Coming soon...

**GP Survey** – feedback on the recent survey of primary care users of the North Glasgow Biochemistry Service.

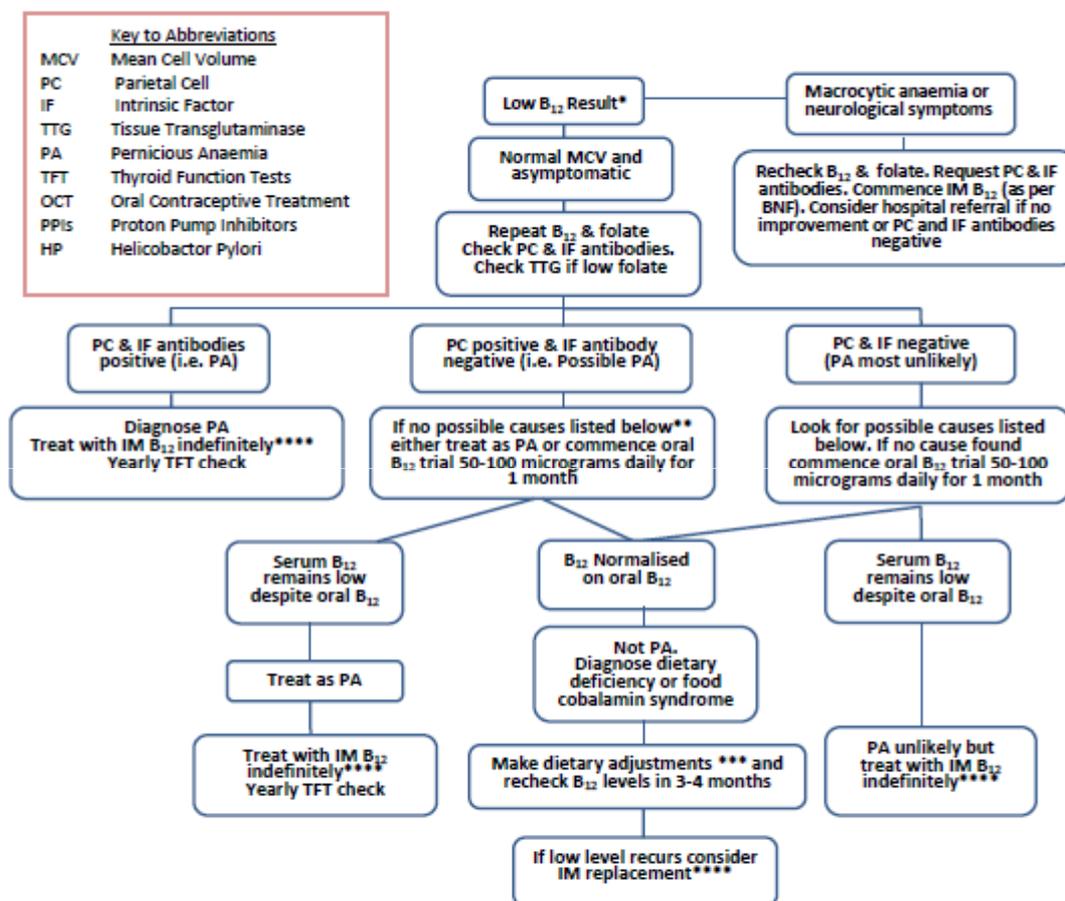
**CEA requesting** – results of an audit of CEA requesting in primary care.



## Vitamin B12 – Treatment of deficiency in adults

A new NHSGGC guideline on the Treatment of B12 deficiency in adults was published on Staffnet at the end of September. The flow chart below is taken from the guideline which is available in full at the following address: <http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GGCClinicalGuidelines/GGC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Vitamin%20B12.%20Treatment%20of%20Deficiency%20in%20Adults.pdf>

### Appendix 2 - Recommended action on obtaining low B<sub>12</sub> result



NB. Repeat B12 requests within 27 days will be rejected by Request Intervention rules

#### NOTES:

<p><b>Pernicious Anaemia</b> Nowadays a rare cause of low B<sub>12</sub> Always check PC and IF antibodies before starting B<sub>12</sub>. Note &lt; 5% of cases of PA are negative for both PC and IF antibodies</p>
<p><b>* Low B<sub>12</sub> result definition</b> Serum vitamin B<sub>12</sub> levels below the reference range (200-900pg/ml) on two separate occasions a month apart</p>
<p><b>**Common causes of low B<sub>12</sub></b> 1. Pregnancy, OCT, progesterone preparations (low B12 of no clinical significance) 2. Metformin, PPIs 3. Folate deficiency 4. Chronic Gastritis / HP infection / food cobalamin syndrome</p>
<p><b>***Foodstuffs rich in B<sub>12</sub></b> Meat, liver, bovril, fish, cereals, eggs, cheese, tofu and milk</p>
<p><b>**** IM B<sub>12</sub> Dosage – see prescribing section of main guideline.</b> Loading with IM B<sub>12</sub> is preferable in all symptomatic patients. Asymptomatic patients as per clinical judgment.</p>

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?

Comments or suggestions can be sent to:  
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