



North Glasgow Sector

Laboratory Contact Details - update

The contact details for Haematology issued in the previous issue of Laboratory News were incorrect. Up-to-date contacts numbers for all laboratories are as follows:

Contact numbers for results, urgent samples or general enquiries:

GRI

Biochemistry 0141 211 4003/4

Haematology 0141 211 4473

Microbiology 0141 201 8551

QEUI

Immunology 0141 347 8872 or 0141 354 9337

For non-urgent Biochemistry add-on requests, please email: NorthGlasgow.BioChem@ggc.scot.nhs.uk

Biochemistry primary care handbook

The NHSGGC Biochemistry Handbook for Primary Care Users has recently been updated. The handbook can be viewed either via Staffnet:

Acute > Diagnostics > All Lab Medicine > Biochemistry > GP's Biochemistry Handbook

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/All%20Laboratory%20Medicine/Biochemistry/Pages/default67e0c971d481466492a2d733e6ce8d23.aspx>

or on the NHSGGC Biochemistry website:

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

Vitamin D guidelines

The updated NHSGGC Clinical Guideline "Vitamin D: Prevention & Treatment of Deficiency in Adults" was published on Staffnet at the end of November. A copy can be found on the Vitamin D page of the Biochemistry website:

<http://www.nhsggc.org.uk/about-us/professional-support-sites/biochemistry/nhsggc-specialist-endocrine-laboratory/steroids/25-oh-vitamin-d/>

A link to the document is also available on the vitamin D request screen in ICE (GP Order Comms).

Pharmacy have also published some FAQs related to vitamin D prescribing:

http://www.ggcprescribing.org.uk/media/uploads/prescribing_resources/vitamin_d_faq_-_1704.pdf

Further information can also be found on the NHSGGC Medicines website:

<http://www.ggcprescribing.org.uk/blog/whats-new-vitamin-d/>

TSH Receptor Antibody (TRAB) – method change

On 1st February 2017, the TRAB method changed to a third generation ELISA (RSR) assay. This method has sensitivity >95% and almost 100% specificity in Graves' disease which is significantly better than the previous method. The new cut-off ranges are:-

<1 U/L – TRAB negative

>2 U/L – TRAB positive

Results between 1 and 2 U/L are equivocal/borderline positive.

Clinical indications:

Please note measurement of TRAB is indicated only in the differential diagnosis of thyrotoxicosis.



Introduction of androgen profile for female testosterone measurement

Since 1st November 2016, the single testosterone test in females has been replaced with a more comprehensive 'androgen profile' comprising testosterone, androstenedione and 17-hydroxyprogesterone. This profile is analysed by liquid chromatography tandem mass spectrometry (LCMSMS), a more specific and sensitive method, which also allows simultaneous analysis of multiple analytes.

Testosterone is commonly requested in females for the investigation of polycystic ovarian syndrome (PCOS). An elevated androstenedione also supports a diagnosis of PCOS, occasionally with a normal testosterone concentration. The Endocrine Society guideline on the diagnosis and treatment of PCOS recommends that other pathologies presenting with similar clinical features, such as late onset congenital adrenal hyperplasia (CAH) should be excluded before a diagnosis of PCOS can be made (*J Clin Endocrinol Metab* 2013;98:4565). The simultaneous analysis of 17-hydroxyprogesterone allows for the exclusion of late onset CAH.

Androgen concentrations vary considerably throughout the menstrual cycle, usually peaking mid-cycle. The oral contraceptive pill (OCP) and other hormone contraceptives (such as an implant or injection) can suppress androgen concentrations. If possible, a sample should be collected during the early follicular phase (day 1–4). Indicating the date of the last menstrual cycle and any hormonal contraceptives in use will greatly assist with the interpretation of results.

To assist with requesting in Primary Care, the androgen profile is available in two of the **Endocrine Investigations**, which can be found under the **Collections** tab in **ICE** (tab number 2):

Endocrine Investigations
MENOPAUSE ?
PCOS ? HIRSUTISM ?
AMENORRHOEA (age under 40)
OLIGOMENORRHOEA
OVULATING (day 21 progesterone) ?
ED

PCOS ? HIRSUTISM ?

– contains FSH, LH, and Androgens

OLIGOMENORRHOEA

– contains FSH, LH, Prolactin and Androgens

If either of these are selected, you will be asked to provide information on LMP, hirsutism and OCP at the time of request.

For any queries regarding these changes, please contact the Duty Biochemist on 0141 211 4003, option 3.

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:

Donna Chantler (donna.chantler@ggc.scot.nhs.uk)