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Dear Colleague,

## Indirect immunofluorescence assays: implementation of electronic result entry (Quantalink)

To reduce manual transcription errors we are implementing a software package to enable electronic resulting of our indirect immunofluorescence (IIF) assays. Please note that at this stage there are no changes to the technical protocols or any of the routine reporting comments.

As a consequence of this quality improvement we have made changes to the layout of the reports for both antinuclear antibodies (ANA on HEp-2 cells) and tissue autoantibodies (includes gastric parietal cell and liver autoantibodies - LKM, LC-1, mitochondrial and smooth muscle antibodies). All other IIF assay reports (adrenal, Crithidia, endomysial, neuronal and skin antibodies) will not appear any different to the end user.

Changes to ANA report (IIF on HEp-2 cells): Our current ANA protocol provides the users with a report for the ANA screen and if necessary a separate report for the ANA titration. ANA reporting will now been consolidated into one test code; if an ANA titration is required the ANA result will not be reported until the titration has been performed. ANA results will be reported as 'negative' or 'see comment' where the ANA pattern and titration will be available as a reporting comment.

Changes to tissue autoantibodies report (IIF screen for liver and gastric parietal antibodies): The mitochondrial antibody titration has now been consolidated into one test code alongside the other tissue autoantibodies; mitochondrial antibody titration results will no longer appear as a separate report. If a mitochondrial titration is required the tissue autoantibody results will not be reported until the mitochondrial antibody titration has been performed. The mitochondrial antibody titration will then be available as a reporting comment.

We plan to implement this electronic resulting package (Quantalink) on the 20<sup>th</sup> February 2023. At this time users may experience slower turnaround times and we ask that you contact the Duty Immunologist (0141 347 8872) if you have any urgent requests during this period. Please note there are no changes to the way you request any of these tests. However, external laboratories may prefer to update their local LIMS to accommodate the new report layout for ANA and tissue autoantibodies.

Finally, as part of phase 2, we are keen to update our liver autoantibody protocols to be in line with the latest autoimmune hepatitis and primary biliary cholangitis guidelines. These improvements will be made in consultation with our local adult and paediatric gastroenterologists and any further changes anticipated to be within the next 6 to 12 months.

We would be grateful if you could share this letter with colleagues and contact us if you have any further questions.

Yours sincerely,

Lauren Hennessy

**Consultant Clinical Scientist** 

Clinical Lead for Immunology & Neuroimmunology Laboratory