UHS Biochemistry / Haematology / Immunology

Important changes for you to be aware of:

Allergen-specific IgE requests for Immunology will no longer be reported with allergen grades, in line with updated national guidance, and results will be reported down to 0.1 kUA/L. Results should be interpreted alongside the clinical picture in the context of a temporal relationship between onset of type I hypersensitivity symptoms and a clearly identifiable allergen. Should you have any questions, please contact the laboratory on 02381 206615.

You will see an addition of an "Instrument Full Blood Count for initial reporting" which will provide a preliminary 5-part FBC whilst a blood film review is being performed. This interim report should be interpreted with caution as the parameters may change after the blood film has been reviewed (e.g. If platelet clumps are seen on blood film or a manual WBC differential if required.)

D-dimer units are changing to ugFEU/mL and will have age related reference ranges, so these results will need to be inspected on an individual basis.

There will be changes to the reference ranges for many routine Biochemistry tests to facilitate harmonisation across network sites. These will also be changes to the reference ranges for some tests referred to external hospitals.

The reference range appended to the patient result should be used for results interpretation.

- **Routine biochemistry profiles**
  - **Bone profile – this will now include phosphate.**
  - **GP renal profile – this will now include urea.**

- **Result units**
  - **Digoxin – result units will change from nmol/L to ug/L.**
  - **Ethanol – result units will change from mg/dL to mg/L.**

AKI reporting

For 72 hours from 8 am on 1st July, we will be unable to calculate AKI for any patient where the only previous creatinine results over the past year fall between 9th and 30th June inclusive. This is due to a temporary unavoidable gap in creatinine data migration from the old LIMS.

When the creatinine result is elevated and there is no previous creatinine in the past year, the creatinine result is reported with a comment "Elevated creatinine - ? AKI, ? CKD – suggest repeat".

For 72 hours after go-live, all results generating this comment will be phoned to the requesting source. The clinical team will need to check on CHARTS to see whether the patient had a previous creatinine result between 9th and 30th June inclusive and then assess the AKI risk.

Calculating AKI - divide the current creatinine result by the previous creatinine result (or the lowest previous creatinine result if there is more than one) to calculate the relative difference.

Relative difference	AKI status
<1.5	No AKI alert
1.5 – 1.9	AKI 1
2.0 – 2.9	AKI 2
>2.9	AKI 3

This is a stop gap for 72 hours after go-live until the data migration is fully complete. Normal AKI reporting will resume after this time.

GP thyroid function requesting

To comply with NICE guidelines, we will be adopting a first-line TSH strategy for thyroid function screening in general practice from 1st July.
When thyroid screening is selected in ICE, a drop-down menu will appear requesting the patient's thyroid treatment status. This will drive the test selection process.

For thyroid screening, TSH will be measured as a first-line test with FT4 ± FT3 automatically added by the laboratory if the TSH result is outside the normal range.

For patients on T4 and/or T3 replacement, TSH only will be measured.

If the patient is receiving treatment for hyperthyroidism, has known or suspected hypopituitarism, the patient is pregnant or under 16 years of age then first-line TSH and FT4 will be measured.

Free T4 and Free T3 will continue to be requestable as individual tests on ICE if required.

When requesting using paper forms, first-line TSH with cascade FT4 and FT3 will be provided. If FT4 and/or FT3 are specifically required then these tests must be written on the request form.

Microbiology and Virology LIMS Specific Communications

1st July 2024

As part of the LIMS implementation Antibiotic sensitivity results will be reported as the following options. This is in line with EUCAST (European Committee on Antimicrobial Susceptibility Testing) guidance.

 **Sensitive** = Susceptible, standard dosing regimen: A microorganism is categorised as Susceptible, standard dosing regimen, when there is a high likelihood of therapeutic success using a standard dosing regimen of the agent.

 **(S) inc. exposure** = Susceptible with increased exposure. Organisms can be interpreted as susceptible if high dose is used or if the antibiotic concentrates at the site of infection. Seek specialist advice if in doubt.

 **Resistant** = A microorganism is categorised as Resistant when there is a high likelihood of therapeutic failure even when there is increased exposure.

 **No prediction** = There are no EUCAST clinical breakpoint for this bug drug combination.

More Information on EUCAST can be found https://www.eucast.org.