



Dear Colleague,

Welcome to the first edition of the new quarterly Blood Sciences Newsletter! Here we will keep you updated with any key laboratory news or changes and provide useful reminders of our sample requirements. If you'd like anything specific covered, please email the duty biochemist on the details below.

## NEW DUTY BIOCHEMIST CONTACT DETAILS

For all clinical biochemistry queries you can now contact the daily duty biochemist directly on:

01256 262242 (internal 42242)  
hh-ft.dutybiochemist@nhs.net

For all lab related queries including results and test add-ons please continue to contact the lab teams as normal.

## ZINC IN LONG COVID

Guidance from our trace element specialists confirms there is currently no evidence to warrant zinc testing in long covid outside of a specific clinical trial setting.

## NEW ICE PROFILE: MYELOMA SCREEN

A new request profile has been set up to facilitate multiple myeloma screening. This profile and associated interpretation pathway have been created by Biochemistry in conjunction with our Haematology Consultant Myeloma Lead and Immunology Consultant to fulfil NICE NG35.

The profile can be found on the following ICE page: Blood Sciences > Blood Chemistry > Myeloma Profile. To request the full profile click 'select all'.

Recent guidelines suggest 2/3 of serum protein electrophoresis, serum free light chains or urine electrophoresis are required for a full myeloma screen; using this profile will ensure a complete screen with a single request.

## YOU SAID - WE DID

Based on feedback received we have updated our laboratory reported reference range for PSA for the age group 60 - 69 to align with the NICE CKS and Urology referral criteria to the following:

≤69 years 0 - 3.0 ug/L  
≥70 years 0 - 5.0 ug/L

Feedback like this helps us to deliver you the best possible service; please continue to let us know if any changes are required.

## STOOL SAMPLE REQUIREMENTS REMINDER: CALPROTECTIN VS FIT

Below is a summary of the differences between faecal calprotectin (for inflammatory bowel disease investigations) and faecal immunochemical testing FIT (for bowel cancer screening). Please ensure the correct sample container is used for each test; they are not interchangeable, and many are rejected due to incorrect containers.

If not pre-labelled, please encourage patients to fully label these with a minimum of 3 points of ID.

### Faecal Calprotectin:

Indication: investigate suspected IBD & distinguish from functional disorders such as IBS (NICE DG11)

Faecal calprotectin should be considered in:

- Aged 18-60 years
- Lower gastrointestinal symptoms in whom you suspect IBS or IBD
- Patients where there is diagnostic uncertainty.



### Faecal Immunochemical Testing (FIT)

Indication: To detect and quantify the amount of human blood in a stool sample (NICE DG30).

For low-risk symptomatic patients, FIT should be offered to patients without rectal bleeding who are:

- Aged 50 and over with unexplained abdominal pain or weight loss
- Aged under 60 with changes in their bowel habit or iron deficiency anaemia
- Aged 60 and over and have anaemia without of iron deficiency.

