

Bromley Primary Care PRUH Pathology Service Users – Summary of Changes

Changes to Test Profiles:

There will be no change to Renal, Bone or Lipid profiles for Bromley PRUH Users.

The Renal + Urea profile will no longer be available but Urea will be available to order as a standalone test

Profile	Current test components	Future tests components	Additional Information
Iron	Iron Total Iron Binding Capacity Iron Saturation	Iron Transferrin Transferrin Saturation	Total Iron Binding Capacity is not available on the new analysers
Liver	Total Bilirubin Total Protein Albumin Globulin (calculated) ALK Phosphatase ALT Gamma GT	Total Bilirubin Total Protein Albumin Globulin (calculated) ALK Phosphatase ALT AST	Gamma GT will be a separately orderable test as a tick box option on the main page
Thyroid	FT4 and TSH	There will now be 3 options: <i>Thyroid Profile (TSH only)</i> FT4 and then FT3 will be reflexed as clinically indicated <i>Thyroid Profile (FT4 and TSH)</i> FT3 will reflex as indicated <i>Free T3</i> will be a separately orderable test	The three options will help cover all presentations of thyroid dysfunction

tQuest catalogue changes

Please note that not all of the catalogue changes will happen at the same time. The services that run them are transferring to the Hub in a phased approach, starting with Core Blood Sciences including some automated Immunology and Serology. Southwark and Lambeth work has already transferred, as have GI (Faecal tests) Red Cell and Allergy services. Bexley, and Lewisham (BGL) will move from 3 June 2024, and Bromley will follow on 24 June.

Infection Sciences (Microbiology, Molecular Virology and remaining Serology) will move in September, and Reference Services including the rest of Immunology, Special Haematology and Nutristasis will be in October.

The specific changes for each of these phases will be communicated nearer the time and prior to the service migration.

Biochemistry

Additions to catalogue
Alpha Foetoprotein
Alkaline Phosphatase Isoenzymes
Amylase Isoenzymes
Calcium (Ca/Alb/Adj Ca) as a standalone profile as well as Bone profile
Chloride
FIB-4 (Fibrosis-4 Index)
Gamma GT as a standalone test (will no longer be part of Liver Function Test)
Haptoglobin
Homocysteine
Iron Level - pop up to direct for appropriate use eg suspected iron toxicity
Methotrexate
Phosphate as a standalone test
Potassium as a standalone test
Sex Hormone Binding Globulin (SHBG) as a standalone as well as the Androgen Profile
Sodium as a standalone test
Thyroid Profile (TSH only) as well as Thyroid (FT4 and TSH)
Topiramate
Triglycerides as a standalone as well as being part of Lipid profile
TSH Receptor Antibody (TRAb)
Urea as a standalone
Urine Protein:Creatinine Ratio (will also be reflexed if UACR is >500mg/L) from 13 April

Discontinued Tests
Aspartate Transaminase as a standalone test – now part of Liver profile and Fib4
B12 and Folate combined test – will both be standalone and main page tick box options
Bile Acids
24 Hour Urine Calcium Excretion
Chromium
Cobalt
24 Hour Urine Cortisol
Cryoglobulin
Creatinine Clearance
FSH will no longer be a separate test, part of Gonadotrophins
Fasting Glucose
Haematinics combination test – individual tests will all be separate orderables
Total Iron Binding Capacity – no longer available on new analysers
LH will no longer be a separate test, part of Gonadotrophins
Macroprolactin
24 Hour Urine Fractionated Metanephrines
Paracetamol
Pregnancy Test – no longer done
Plasma Lithium Heparin U&E
Renal & Urea combined profile – Urea will be offered as a standalone test
Stone Analysis
Thiopurine methyl transferase
Thyroglobulin (no longer offered)
Troponin

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Other Changes

There will be a single Beta HCG test rather than separate Tumour Marker and Ectopic Iron Profile – will now contain Transferrin and Transferrin saturation

Haematology and Coagulation

Additions to catalogue

Clauss Fibrinogen
Inherited Thrombophilia testing
Von Willebrand Factor Screen
Blood Parasites (Not Malaria)
Direct Antiglobulin Test
Group & Antibody Screen
G6PD Screen and Reticulocytes (Glucose-6-Phosphate Dehydrogenase)
HLA B27 (Human Leukocyte Antigen B27)
Platelet Count (Citrate Sample).
Reticulocytes

Discontinued Tests

Beta 2 Microglobulin
PT/INR and APTT will not be available as separate orderables
Factor 5 Leiden
Lupus Anticoagulant – this is being reviewed as part of an Anti-phospholipid test group
Protein C
Protein S

Other Changes

Blood Film testing will now have a pop up to inform this is on advice of Haematologist only
Haematology Glandular Fever test is being renamed Paul Bunnell/Monospot to differentiate from the Virology Glandular Fever Panel. However, we recommend that you use Virology and there will be a pop up comment on the PB/MS tests to advise:
This is a rapid screening test for acute EBV infection which is prone to false positives and false negatives. Acute EBV and CMV serology (as part of a Glandular Fever Serology panel) is strongly advised instead, along with HIV Serology in the Glandular Fever Serology Plus Panel (HIV can also cause lymphadenopathy)
Haemoglobinopathy Screen (including Sickle) will replace Sickle/Thalassemia

Immunology:

Additions to catalogue

Anti Glomerular Basement Membrane Antibody (GBM)
T-Cell Subsets

Discontinued Tests

Paraprotein and Immunoglobulins - any searches for paraprotein will be directed to serum electrophoresis which would always have been done first. An abnormal result will reflex with Immunotyping (paraprotein is part of this), and/or Immunofixation.

Other Changes

We will be including the individual test components with the panel name where relevant
ANA will default to CTD but can search using either

Virology

Additions to catalogue
Diphtheria Serology – will be available in June
Hantavirus Testing
Hepatitis A Acute serology (IgG & IgM)
Hepatitis E Acute serology (IgG & IgM)
HSV 1&2 DNA and VZA DNA (SKIN SWAB) – will be available in September
Toxoplasma Acute Serology
Trichomonas Vaginalis RNA – will be available in September
Treponemal Total Antibody
Trypanosoma Cruzi Serology

Discontinued Tests
Chikungunya IgG and IgM
Dengue virus IgG and IgM
Hepatitis Screen (HAV, HHBV, HCV) (Jaundice Acute/Chronic)
Legionella Pneumophila Antigen
Lymphadenopathy/Glandular Fever – please use Glandular Fever Serology screens
Mumps IgM
Mycoplasma pneumoniae CFT
Norovirus & Rotavirus – will be replaced with a Gastroenteritis Virus Panel in September
Pneumococcal Antigen
Rash non-vesicular and macular
Rubella IgM
SARS-COV-2 Antibodies/Coronavirus RNA
Syphilis testing
Vesicular rash and Genital skin vesicle or ulcer
Viral conjunctivitis

Other Changes
There will be some changes to test names but the search function should pick up any linked tests that are typed in and present associated/similar test names.
Hepatitis C virus serology If HCV antibody is positive or indeterminate, HCV RNA is automatically reflexed in the laboratory on the same sample. HCV antigen is discontinued.
Some current viral IgM tests are being converted to Acute Serology panels that include IgG and IgM. <ul style="list-style-type: none"> • CMV • Hepatitis A • Parvovirus This order looks for serological evidence of RECENT infection and the sample will be tested for IgM AND IgG (unless an infant under 1y old), therefore there is no need to order IgG in addition. Please provide date of symptom onset. The lab has been adding IgG manually on some tests to aid in interpretation, however this will formalise this.
INFECTION SERUM SAVE should be used for Blood Borne Virus exposure (needlestick)

There will be no changes to Microbiology at this time, but there may be some further changes to Molecular Virology when it transfers to the Hub in September, but these will be communicated nearer the time.

tQuest Main page – Changes to layout

As part of the catalogue harmonisation, we have to standardise the common orderables (the main page tick boxes) which are currently different for all four catalogues.

We have been reviewing and comparing the current selections, and had drafted up a proposed best fit for a single standardised option based on these, which went live for our Southwark and Lambeth GSTT users on 2 April.

This initial proposal was reviewed following feedback and in conjunction with workload activity figures for the last six months, and we drafted a number of options which were shared with the Primary Care Pathology Leads from each borough for review and comment.

As a result of this options appraisal, a workload based model, with tests listed in order of request frequency for each discipline is being developed and will be shared with all South East London Primary Care colleagues shortly.

We have endeavoured to keep changes to a minimum for everyone, noting that each of the four catalogues have variations both in what was on the main page, and in the way they were laid out - some catalogues list tests alphabetically whilst others are by most frequently requested, so there will inevitably be some differences for each group of Primary Care users, which is unavoidable.

Test Groups (Care Sets)

We have previously reported that these have been reviewed and updated for all boroughs by Primary Care Pathology leads with input from clinical colleagues from Synnovis and the Trusts. These are aligned against current NICE and local guidance.

We are planning to make these available in tQuest by the end of June which we hope will make requesting for certain patient groups more convenient:

Amenorrhoea Profile	Hepatitis screen	PCOS
Amiodarone	Hyperlipidaemia Monitoring	Phenytoin
Anti Psychotic Drug Monitoring	Hypertension Monitoring	Sexual Health Screen Female
Basic DMARD monitoring	Infertility	Sexual Health Screen Male
Carbimazole Monitoring	Inflammatory arthritis screen	Valproate
CKD monitoring	Learning Disability	
CVD diagnostic	Lethargy (TATT)	Asylum Seekers
Dementia Diagnosis	Lithium Monitoring	Gastric Band
Diabetic Monitoring	Long COVID	Post Gastric Sleeve/ Bypass
DOAC Monitoring	Non-specific symptoms 2ww (female)	Blood Borne Virus (BBV)
FIB4	Non- specific symptoms 2ww (male)	

The test component details will be published shortly and will also be available on our website.

As always, should you have any queries about this or any of the information above, please get in touch:
letstalk@synnovis.co.uk

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