

## Changes to Test Profiles

There will be no change to Renal, Bone or Lipid profiles for KCH-Denmark Hill Users.

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 AST <b>Gamma GT</b>	Total Bilirubin Total Protein Albumin Globulin (calculated) ALK Phosphatase AST <b>ALT</b>	Gamma GT will be a separately orderable test as a tick box option on the main page
Thyroid	FT4 and TSH	There will 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. Services will transfer to the hub in phases, starting with Core Blood Sciences (including some automated Immunology and Serology), which transfer for Bexley, Greenwich and Lewisham (BGL) service users from 13 May 2024, along with Allergy Services.

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

<b>Additions to catalogue</b>
Alpha Foetoprotein
Amylase Isoenzymes
CA-153
Caeruloplasmin
Calcium (Ca/Alb/Adj Ca) as a standalone profile as well as Bone
Faecal Elastase
FIB-4 (Fibrosis-4 Index)
Serum Folate as a standalone – B12/Folate combo will no longer be available
Growth Hormone – will be available in October
Insulin Like Growth Factor (IGF-1) – will be available in October
Methotrexate
Phosphate as a standalone test
Potassium as a standalone test
Urine Electrolytes (random)
Sodium as a standalone test
Testosterone as a standalone well as the Androgen Profile
Thyroid Profile (TSH only) as well as Thyroid (FT4 and TSH)
Triglycerides as a standalone as well as being part of Lipid profile
TSH Receptor Antibody (TRAb)
Urine Protein:Creatinine Ratio (will also be reflexed if UACR is >500mg/L) from 13 April
Vitamin B12 as a standalone – B12/Folate combo will no longer be available

<b>Discontinued Tests</b>
Alanine 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
Urine Calcium:creatinine ratio
Creatinine Clearance
Total Iron Binding Capacity – no longer available on new analysers
Pregnancy Test – no longer done
Renal & Urea combined profile – Urea will be offered as a standalone test
Thyroglobulin (no longer offered)

<b>Other Changes</b>
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)

Discontinued Tests
Lupus Anticoagulant – this is being reviewed as part of an Anti-phospholipid test group

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: <i>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)</i>
Haemoglobinopathy Screen (including Sickle) will replace Sickle/Thalassemia

## Immunology

Additions to catalogue
Anti Glomerular Basement Membrane Antibody (GBM)

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

There may be some changes to the Allergy testing provision, but this will not happen until May and will be communicated nearer the time.

## Virology

<b>Additions to catalogue</b>
Cytomegalovirus (CMV) IgG
Diphtheria Serology – will be available in June
Leptospira & Hantavirus Testing – will be available in June
Hepatitis A Acute serology (IgG & IgM)
Hepatitis E Acute serology (IgG & IgM)
HTLV 1 and 2 Antibody
Mumps Virus IgG Status
Toxoplasma Acute Serology
Toxoplasma IgG Status
Trichomonas Vaginalis RNA – will be available in September
Treponemal Total Antibody
HSV 1&2 DNA and VZA DNA (SKIN SWAB) – will be available in September
Trypanosoma Cruzi Serology

<b>Discontinued Tests</b>
Arthralgia
Atypical Pneumonia
Lymphadenopathy/Glandular Fever – please use Glandular Fever Serology screens
HIV Ag/Ab combo test + treponemal screen IgG (will be available as separate tests)
Mycoplasma, Coxiella and Chlamydia Antibody
Norovirus & Rotavirus – will be replaced with a Gastroenteritis Virus Panel in September
Parotitis/orchitis
Rash non-vesicular and macular
Rubella IgM Capture
SARS-COV-2 IgG and RNA Serology
Vesicular rash and Genital skin vesicle or ulcer
Viral conjunctivitis

<b>Other Changes</b>
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.
<b>Hepatitis C virus serology</b> 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"> <li>• CMV</li> <li>• Hepatitis A</li> <li>• Parvovirus</li> </ul> This order looks for serological evidence of RECENT infection and the sample will be tested for IgM <b>AND</b> 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 Bourne 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 were previously different for all four primary care catalogues.

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

This initial proposal is being reviewed following feedback and in conjunction with workload activity figures for the last six months. We are drafting a number of options which have been shared with the Primary Care Pathology Leads from each borough for review and comment.

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.

When the review by ICB colleagues is complete, we will share the final layout with all GP groups. This will be implemented as each service transfers to the Hub over the next few months.

You can find previous newsletters on our webpage here:

[Latest News and Updates | Synnovis](#)

## 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 April 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 for all GP colleagues and will also be available on our website.

As always, should you have any queries about any of the information above, please get in touch:

[letstalk@synnovis.co.uk](mailto:letstalk@synnovis.co.uk)