

15 January 2009

Dear Practitioner

Happy New Year. We hope that you enjoyed a break over the holiday period and managed to enjoy some of the fantastic weather we've had.

We've included in this update a recap on the FAQs from practitioners around reference ranges and a reminder on the collection of samples for Glucose tests.

DIARY DATES FOR LABTESTS PATHOLOGY UPDATES

Please make note of the below dates and times for this year's Labtests Pathology Update sessions in Mt Wellington and on the North Shore. The sessions will follow the same format as the ones we held at the end of last year and we will confirm topics in our next update. Drinks and nibbles will be served from 6.30pm with the presentation beginning at 7.00 pm.

Waipuna Lodge:

Wednesday 3 March 2010	6.30pm - 9.00pm
Wednesday 2 June 2010	6.30pm - 9.00pm
Wednesday 1 September 2010	6.30pm - 9.00pm
Wednesday 24 November 2010	6.30pm - 9.00pm

Bruce Mason Convention Centre:

Wednesday 10 March 2010	6.30pm - 9.00pm
Wednesday 9 June 2010	6.30pm - 9.00pm
Wednesday 8 September 2010	6.30pm - 9.00pm
Wednesday 1 December 2010	6.30pm - 9.00pm

CLARIFICATION OF USE OF FLUORIDE TUBES FOR GLUCOSE TESTING

Samples for glucose testing where there is no immediate centrifugation available, including the polyose screen and glucose tolerance tests, should be collected in fluoride oxalate tubes. This includes tests collected at Doctors Surgeries.

For more information on collection requirements, please see the Collection Guide on our website at: [http://www.labtests.co.nz/Images-\(1\)/Labtests_Doctors_Quick_Reference_Guide_V3.aspx](http://www.labtests.co.nz/Images-(1)/Labtests_Doctors_Quick_Reference_Guide_V3.aspx)

NEW REFERENCE INTERVALS AVAILABLE ON LABTESTS WEBSITE

Our reference intervals are now charted and available on our website at: <http://www.labtests.co.nz/Information-for-Clinicians/Reference-Intervals.aspx>

Practitioners should note changes to D-dimer units, which are now reported the same as other laboratories in the Auckland region. We have put together the below list of Frequently Asked Questions relating to reference ranges for further information.

Why is the Troponin reference range different? Why does it result in more positives?

Labtests measures cardiac Troponin levels using the Siemens Centaur Troponin I (cTnI) assay. In our experience, the Siemens Troponin method is more sensitive than some others on the market. This gives an earlier indication of myocardial injury, ensuring a responsive outcome for the patient.

Can I compare Labtests PSA results with those of other labs?

It is not advisable to compare tumour markers from different laboratories. Labtests measures PSA using the Siemens Centaur PSA assay and reports the same reference ranges appropriate to the patients' age as used by the other Auckland diagnostic pathology laboratories. As a rule of thumb, our reported PSA values will be similar, but not identical to those reported by other Auckland Laboratories. A recent ARQAG survey reveals that results from Labtests are aligned with those from LabPlus and North Shore Hospital. Middlemore Hospital and Diagnostic Medlab results are generally higher.

Am I able to compare Labtests INR results with those of other Laboratories in Auckland?

The INR (International Normalised Ratio) is effectively a means of standardising a patient's prothrombin ratio. The purpose of this standardisation is to allow direct comparison of a patient's results between laboratories using different testing methods. Labtests utilises a different testing platform than is used by DML. There may be small differences in INR results between the labs but these are unlikely to lead to a change in warfarin dosage.

How do Labtests Glucose Results compare with other laboratories in Auckland?

The upper limit of Labtests' Reference Range for fasting serum or plasma glucose is 5.4 mmol/L. Labtests uses the same reference range used by LabPLUS, which is published by the New Zealand Guideline Group (NZGG) and the Ministry of Health (MOH). Labtests appends an interpretive comment to all clinically significant abnormal results. Following feedback from clinicians our Chemical Pathologists have amended Labtests' interpretive comments to ensure clarity and alignment with the advice of the NZGG. Examples of these comments are:

1. Fasting glucose 5.5-6.0 mmol/L: The result is probably normal. If patient was not truly fasting suggest repeat. Some patients with these levels will show diabetes or impaired glucose tolerance in an oral glucose tolerance test. An oral GTT is suggested if risk factors for diabetes are present (e.g. age more than 45y, obesity, hypertension, non-European ethnicity, family history, past history of gestational diabetes).
2. Fasting glucose 6.1-6.9 mmol/L: This result indicates impaired fasting glycaemia if diabetes mellitus is not known to be present. If the patient was not truly fasting suggest repeat. Otherwise an oral glucose tolerance test should be performed.

Our external Quality Assurance Program performance data for glucose shows that Labtests' blood glucose measurements are both accurate and precise, and in accordance with the majority of other labs in Australasia.

What standard does Labtests use for reporting eGFR?

Labtests uses a standard international formula to report eGFR's of <90 as required by the Regional Renal service. Previously only eGFR's of <60 were reported. Labtests is working with the Regional Renal service to standardize reporting across all laboratories.

Why am I seeing more red cells in my urine culture reports?

At the present time Labtests is performing microscopy on all urines (approximately 30% more than the previous provider). This is done using automated flow cytometry (cell counting) technology which has less intra-test and inter-test variability than manual microscopy.

Yours sincerely



Dr Craig Marshall
Chief Executive Officer



Dr Richard Lloyd
Medical Director