Laboratory services: COVID Response

25 March 2020

REDUCTION IN LABORATORY TEST REQUESTS

Hospital and community laboratories nationwide need to reduce non-essential testing in order to conserve reagents, cope with staff shortages, and mobilise the workforce for COVID-19.

We also need to follow the most recent MOH directive around social distancing in the work place. We are mindful of keeping our staff well, particularly our frontline phlebotomists.

We ask all clinicians in the hospital and community to **immediately reconsider, or reduce the frequency of laboratory tests that are non-essential, discretionary, routine, or could be delayed**.

Examples of these types of tests could include (but are not limited to):

- Screening tests (e.g., HbA1c, lipids)
- Thalassaemia screens in non-anaemic patients outside of the context of pregnancy
- Routine liver function tests, lipid tests, thyroid tests in patients on stable treatment or replacement
- Faecal tests especially *H. pylori* antigen and faecal calprotectin

In addition, we take the opportunity to remind you to be thoughtful about **tests that have been shown to have limited diagnostic utility, especially as screening tests**:

- Annual screens in asymptomatic patients
- Recurrent testing for isolated mild neutrophilia or mild thrombocytopenia
- Blood film requests without clinical details
- Viral hepatitis screens on patients known to be immune, or at low risk for viral hepatitis
- All hepatitis A tests that are not related to elevated ALT > 250 or part of public health outbreak investigation (with the borders closed we do not expect to see acute hepatitis A)
- HCV testing as part of STI screens
- Screening autoantibody tests and EBV / CMV serology in patients with vague symptoms such as 'tired'
- CEA, CA-125 screens in patients without a known malignancy
- Skin sensitivity testing
- Community nutritional status monitoring – thiamine, vitamins A, E, D, B12, folate, copper, zinc.
- Routine serum and urine protein electrophoresis
- Urine beta-HCG
- Daily testing in general ward patients

In addition, we ask that **clinical details are routinely provided on all requests for laboratory services**. However, we know that all of our referrers are under pressure at this extraordinary time.

Please help us take the load off our clinical colleagues

If you have a question about laboratory work-up please contact one of our pathologists rather than sending a referral to a clinical service. For example, investigation of blood count abnormalities, understanding laboratory results of unclear significance. We have all relevant results at our fingertips and can give you advice that will save time for you and the outpatient clinics.

Other changes

- **FNAs** will require pre-approval by a pathologist, and will be restricted to only where absolutely clinically necessary
- We have already put restrictions on molecular testing for Chlamydia and Gonorrhoea, as well as routine microbiology tests
- Other molecular testing (HCV RNA, HBV DNA, VZV, HSV, enteric pathogens, etc.) is / will be significantly rationed
- We expect home visit phlebotomy services to be significantly affected
- The turn-around times for some non-urgent tests may be prolonged
- We anticipate that the impact on our workforce will increase if schools close, and as staff take an increasing amounts of sick leave

We are not proposing scale-back of testing that will transfer demand back into acute settings

This is an evolving situation and further notifications may follow.

We appreciate your understanding and assistance at this unusual time.

The Healthscope Team