Health Care Providers Newsletter

December 2020

2020 and 2021 Lifelabs BC Operations Stat Holiday Planning

Holiday	Actual Holiday Date	LifeLabs BC Observed Date	PSC Hours	CIC	Lab Operational Information
Christmas Day	Friday, December 25	Friday, December 25	Closed	Closed	BRL closed CCB Cardiac closed CCB Micro/Molecular 24 hrs. Regional Labs closed VRL Micro 8:00 a.m. to 4:00 p.m.
Boxing Day	Saturday, December 26	Saturday, December 26	Closed	9:00 a.m. to 5:00 p.m.	BRL closed CCB Cardiac closed CCB Micro/molecular 6:30 a.m. to 10:00 p.m. Regional Labs closed VRL Micro 8:00 a.m. to 4:00 p.m.
Boxing Day (observed)	Monday, December 28	Monday, December 28	Closed	6:00 a.m. to 8:00 p.m.	BRL closed: SM will have small staff to accession samples from NH CCB Cardiac closed CCB Micro/Molecular: minimal coverage for covid and general lab. Regional Labs: core lab closed; 1 person in for micro VRL Micro 8:00 a.m. to 4:00 p.m. Core Lab: Closed
Early Closures					
Christmas Eve	Thursday, December 24		All PSCs close by 12:00 p.m.	Open 6:00 a.m. to 8:00 p.m.	All Labs Thursday operations
New Year's Eve	Thursday, December 31		All PSCs close by 12:00 p.m.	Open 6:00 a.m. to 8:00 p.m.	All Labs Thursday operations

*Schedules dependent on availability of 3rd party air transportation.

2021 Holiday Schedules

Holiday	Actual Holiday Date	LifeLabs BC Observed Date	PSC Hours	CIC	Lab Operational Information
New Year's Day	Friday, January 1	Friday, January 1	Closed	Closed	BRL closed CCB Cardiac closed CCB Micro/Molecular 24 hrs. Regional Labs closed VRL Micro 8:00 a.m. to 8:00 p.m.
Family Day	Monday, February 15	Monday, February 15	Closed	Open 9:00 a.m. to 5:00 p.m.	BRL closed CCB Cardiac closed CCB Micro/Molecular 24 hrs. Regional Labs closed VRL Micro 8:00 a.m. to 8:00 p.m.
Good Friday	Friday, April 2	Friday, April 2	Closed	Open 9:00 a.m. to 5:00 p.m.	BRL closed CCB Cardiac closed CCB Micro/Molecular 24 hrs. Regional Labs closed VRL Micro 8:00 a.m. to 8:00 p.m.
Easter Sunday	Sunday, April 4	Sunday, April 4	Limited Service: Mainland: Sunday PSCs operating Sunday hours	Open 8:00 a.m. to 8:00 p.m.	*BRL Sunday operations CCB Cardiac Sunday operations CCB Micro/Molecular 6:30 a.m. to 10:00 p.m. Regional Labs closed VRL Micro 8:00 a.m. to 8:00 p.m.
Easter Monday (BC)	Monday, April 5	Monday, April 5	Closed	Open 8:00 a.m. to 8:00 p.m.	BRL closed CCB Cardiac closed CCB Micro/Molecular 24 hrs. Regional Labs closed VRL Micro 8:00 a.m. to 8:00 p.m.
Victoria Day	Monday, May 24	Monday, May 24	Closed	Open 9:00 a.m. to 5:00 p.m.	BRL closed CCB Cardiac closed CCB Micro/Molecular 24 hrs. Regional Labs closed VRL Micro 8:00 a.m. to 8:00 p.m.
Canada Day	Thursday, July 1	Thursday, July 1	Closed	Open 9:00 a.m. to 5:00 p.m.	BRL closed CCB Cardiac closed CCB Micro/Molecular 24 hrs. Regional Labs closed VRL Micro 8:00 a.m. to 8:00 p.m.

COVID SEROLOGY

Dr. William Schreiber, MD, BC Clinical Director- Chemistry

The COVID-19 antibody test is a blood test that detects antibodies reactive to SARS-CoV-2 viral proteins, either nucleocapsid (N) or spike (S) proteins. This test can be used to assess recent or previous infection with SARS-CoV-2. Unlike a molecular COVID-19 test, the antibody test is not used in diagnosis of active infection.

The antibody test is most accurate when a blood sample is collected 3-4 weeks after onset of symptoms or 3-4 weeks after exposure. Results are reported as 'Reactive' (i.e. positive for antibodies) or 'Non-reactive' (i.e. negative for antibodies). Based on in-house studies, the test has a sensitivity of 92% to detect COVID-19 antibodies at 3 weeks post-symptom onset and a specificity > 99%.

At this time, it is not known if the presence of antibodies to SARS-CoV-2 means an individual is immune to the virus and protected from re-infection. Antibodies can be detected up to 4 months post-exposure, but levels vary between individuals depending on disease severity, with higher levels in severe cases and lower levels in milder/asymptomatic cases. Antibody levels may be low in immunocompromised individuals.

Healthcare providers can order the COVID-19 antibody test by writing 'COVID-19 Antibodies' in the 'Other Tests' section of the LifeLabs laboratory requisition. Please check the box for Bill-to 'Patient' when filling the requisition. Your patients also have the option to pre-pay for the test online on LifeLabs.com - the test costs $75. They will receive a requisition pre-filled with their details by e-mail. You must sign this requisition before it can be used by LifeLabs to collect a blood sample.

An appointment at a LifeLabs Patient Service Centre is recommended, but walk-ins are also welcome. Results will be available to the ordering physician within 1-2 business days from the date of specimen pickup.

Peripheral blood smear findings in COVID-19 patients

Dr. Peter Van Den Elzen MD, Clinical Pathologist LL

Aside from the standard testing for COVID-19, namely SARS-CoV2 nucleic acid testing (NAT) for the presence of virus, and serologic testing for antibodies to the virus indicative of prior exposure, hematologic parameters may be of value to assist in diagnosis or prognosis.

1) Lymphopenia is commonly seen in COVID-19 infection and is associated with disease severity. There is particularly a T cell (CD3 and/or CD4) defect, however such an enumeration requires flow cytometry to be performed, not normally a part of routine hematology panels.

2) Thrombocytopenia is also seen, also associated with severity.

3) Anemia, presumably in the form of anemia of inflammation/chronic disease, but may also be seen more dramatically in severe cases where disseminated intravascular coagulation (DIC) becomes a component. On the peripheral blood smear review, reactive lymphocytes are often present, particularly plasmacytoid lymphocytes, most likely being activated B cells. Toxic changes and a left shift may be seen in neutrophils and some reports have noted pelgeroid changes in neutrophils (hyolobulated, pseudo-Pelger Huet cells).

Inflammatory markers including CRP and procalcitonin have been described to be reliably elevated, although the latter may be more indicative of concurrent bacterial infection which occurs in more severe cases. Increased LDH levels were also strongly associated with disease. Coagulopathies including DIC as mentioned above (elevated INR, PTT, D-dimers, decreased fibrinogen) are seen in severe COVID-19. Hypercoagulability due to decreased anti-thrombin 3 activity has also been described.

Altogether, a wide range of hematologic abnormalities may occur in COVID-19 infection, which, although being nonspecific findings on their own, may aid in diagnosis or prognosis in the context of other clinical, radiologic and other findings.

BC Health Care Provider Bulletin

REMINDER: **New ordering guidelines for Fecal calprotectin (FC) tests**

In February, the Ministry of Health announced that Fecal calprotectin (FC) testing would be covered by MSP only for those diagnosed with Inflammatory Bowel disease (IBD) (see attached bulletin for reference.)

We are seeing that these new ordering guidelines are not being followed by many health care providers.

To comply with these guidelines, LifeLabs will only accept MSP requests for FC testing for patients with IBD. All other requests for FC testing will still be offered but will be charged as a private pay test.

What does this change mean for you?

Please comply with the guidelines outlined by the Ministry of Health, which state that health care providers *MUST INDICATE IBD IN THE DIAGNOSIS* box on the requisition to ensure that the test request is accepted by MSP.

What does this change mean for your patients?

If the requisition is not filled out accurately (with IBD indicated), the patients will not be covered by MSP. All patients who require MSP-covered FC test must have the correct diagnosis documented on the requisition. Private pay tests do not require a diagnosis.

When does this change go into effect?

Going forward, please indicate IBD on requisition forms for FC testing in order for the test to qualify for MSP coverage.

If you have any further questions, please contact our Call Centre at 1-800-431-7206

Provincial Health Services Authority
Province-wide solutions. Better health.

Laboratory Bulletin for Clinicians

Starting immediately, the Ministry of Health (Ministry) has approved the expanded use of fecal calprotectin (FC) testing to include all patients diagnosed with inflammatory bowel disease (IBD) in BC.

FC is a biomarker of intestinal inflammation and is a non-invasive means of monitoring IBD activity which includes response to therapy, and disease relapse.

Clinicians MUST indicate IBD in the diagnosis box ***on the requisition to ensure that the test request is accepted by the laboratory.***

Who should be tested?

FC can be requested for any patient diagnosed with IBD to:

1. Confirm IBD response to treatment.
2. Confirm remission of IBD activity.
3. Assist in the identification of IBD relapse.

How to interpret the results?

FC results vary by methodology. Refer to the reference range accompanying the test result and any appended comments to ensure appropriate interpretation.