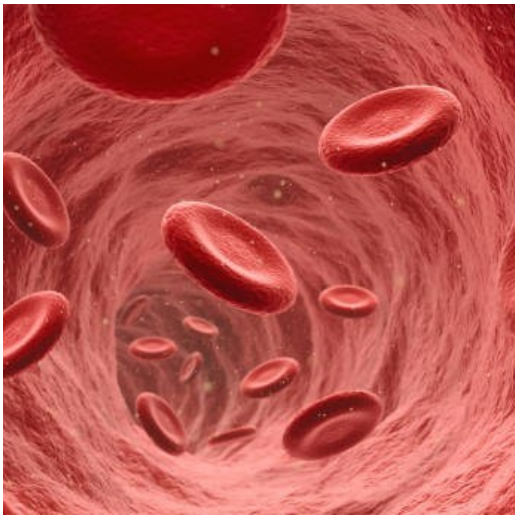
Health Care Providers Newsletter

April 2026

New reference ranges for protein and hemoglobin electrophoresis in LifeLabs BC

Dr. Jan Palaty, PhD FCACB, Clinical Biochemist and Burnaby Lab Director
Dr. Ayesha Vawda, MD, FRCPC, Clinical Director of Hematopathology BC

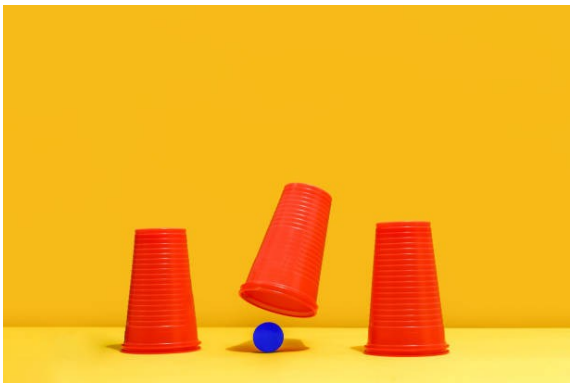


Please be advised that the reference range for gamma globulins in serum protein electrophoresis (SPEP) will be changed effective at the end of March 2026, from 7.0-14.0 g/L to **6.0-16.0 g/L**. The new values are consistent with those of other laboratories and have been verified against a large dataset of our apparently normal patients. For further information, please contact the Biochemist on call.

Also note that the reference range for Hemoglobin F in Hemoglobinopathy Investigation will be changed effective at the end of March 2026, from 0.0%-0.9% to **0.0%-0.5%**. There is no change to the test methodology. For additional information, please call LifeLabs at 1-800-431-7206 to speak to a Hematopathologist.

Anatomical sites of microbiology specimens - it's not a guessing game!

Dr. Eugene Yeung, MD, FRCPC, FCCM, Medical Microbiologist



On some occasions, the LifeLabs microbiology team notice the anatomical site of a specimen is not filled out on the requisition form, resulting in us calling the ordering clinician's team for clarification. Obviously, we understand how busy your clinic time is. Some may wonder why the anatomical site matters. There are several reasons.

When a vaginal swab is submitted to the lab, our microscopists can qualitatively assess the likelihood of bacterial vaginosis based on a standardized testing criteria. If it were not even a vaginal swab to begin with, this qualitative result would be inaccurate. Similarly, when a sputum is submitted to the lab for culture, our microscopists also can qualitatively assess the likelihood of oropharyngeal contamination based on a standardized testing criteria, determining whether this is a suitable specimen for workup and reducing the chance of misdi-agnosis.

There are some microorganisms that would be considered normal flora at certain anatomical sites but pathogens at others (e.g. enterococci in enteric sites). Likewise, there are some antimicrobials that would be ineffective at certain body sites (e.g. sulfamethoxazole-trimethoprim effective for skin and soft tissue infections but not recommended for bac-terial pharyngitis).

Let's stop making this a guessing game.

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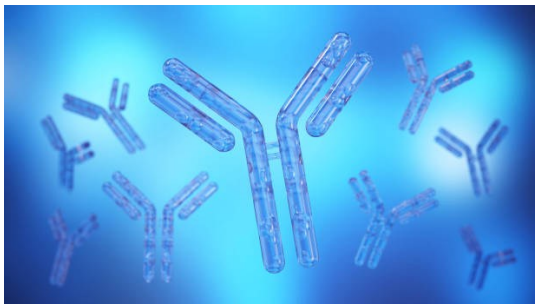
Editors:
Eugene Yeung eugene.yeung@lifelabs.com
Peter van den Elzen peter.vandenelzen@lifelabs.com

Updates to Autoantibody Testing

Dr Sukhbir Kaur PhD FRCPath EuSpLM FCACB NRCC, Clinical Biochemist

Dr Joanna Jung PhD DABCC FCACB, Clinical Biochemist & Clinical Director



New testing platform

On February 23, 2026 LifeLabs transitioned to an updated platform for indirect immunofluorescence testing for the following assays:

- Anti-nuclear Antibody (ANA)
- Anti-mitochondrial Antibody (AMA)
- Anti-parietal cell Antibody (APCA)
- Anti-smooth muscle Antibody (ASMA)

As part of this update, the screening titre for AMA, APCA, and ASMA was updated to 1:80. The screening titre for ANA is unchanged. A summary of the changes is provided below.

Test	Age	Previous Screening Titre	New Screening Titre
AMA	All Ages	1:20	1:80
APCA			
ASMA			

Please note:

- The analytical methodology remains unchanged.
- There are no changes to specimen collection, storage, or transportation requirements.
- Turnaround times are expected to remain unchanged.

Pregnancy-related ANA and ENA testing

For patients with known connective tissue disease (CTD) who are pregnant or planning pregnancy, repeat ANA and extractable nuclear antigens (ENA) testing is often indicated[1]. To ensure these tests are streamlined, ordering physicians are asked to clearly indicate “pregnant” or “planning pregnancy” on the requisition form for their patients with known CTD.

1. Guidelines and Protocols Advisory Committee. *Antinuclear Antibody (ANA) Testing: BC Guidelines*. Province of British Columbia; 2024 Oct 24. Available from: https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/ana-testing

What do microbiologists actually do?

Dr. Eugene Yeung, MD, FRCPC, FCCM, Medical Microbiologist

"I don't mean to be offensive. But what do you (microbiologists) actually do?"

"What! You mean there is actually a microbiology resident I can talk to? I have worked here for years but never knew about that!"

"Your work is just research, right? Lucky you! You don't need to deal with people."

"I didn't realize lab people like you could have such good communication skills. What a pleasant surprise!"

"How much *clinical* work do you do?"

"What is your specialty again?" Med Micro. "Hi Matt Michael. I'm asking about your specialty, not your name."

These were comments I heard from healthcare colleagues during my training. I still encounter similar comments during my practice now, sometimes from people who have many years of experience in healthcare. It does make me wonder whether my profession needs better advertising to promote what we actually do.

I often explain my job to people through making analogies to radiologists. Although radiologists are well-versed in making diagnoses through imaging and without direct interaction with patients, many clinicians would love to discuss cases with radiologists. We know sometimes by providing more relevant information on patients' histories and presentations, the radiologists may alter the working diagnosis to more fit with the overall clinical picture. No one would call a radiologist a non-clinical worker. Open discussion between clinicians and diagnosticians facilitate decisions on the best diagnostic tests and management plan for patients.

Laboratory consultants, including microbiologists, are pretty much the same. We acknowledge our limitations in making a confident laboratory diagnosis when clinical information is limited. We are often fascinated to hear the stories behind patient-clinician interactions that add confidences to our diagnoses. While my colleagues may see me as a mad research scientist like Dr. Victor Frankenstein, I sometimes see myself as a detective like Sherlock Holmes. ;-)

Medical schools today put more focus on communication and interdisciplinary teamwork. Perhaps that is why I now more often ask our lab techs to enter "microbiologists available for telephone consultation" in some microbiology lab reports to invite collaboration. I believe my other lab medicine colleagues would also appreciate closer collaborations with clinicians to provide more confident diagnoses for the clinician teams. Regardless of how good these lab tests are, history taking and physical examination are still the fundamentals of medicine. It is only through clear communication and close collaboration that we bring the best practice to patients.

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Editors:
Eugene Yeung eugene.yeung@lifelabs.com
Peter van den Elzen peter.vandenelzen@lifelabs.com

Diagnostic Accreditation Program