



# Physicians' Lab Update / Newsletter March 2014

#### Immature Granulocyte Count: A New Automated WBC Differential Parameter

LifeLabs is pleased to announce reporting of immature granulocyte (IG) count as part of the automated 6-part white blood cell differential. The IG count adds additional value to our previous 5-part differential by providing quantitative measurement of immature granulocytes (metamyelocytes, myelocytes and promyelocytes). An elevated IG count suggests inflammatory disorders, infection or sepsis; however, diagnosis requires correlation with a patient's clinical presentation as IGs may also be seen in other conditions such as drug therapy (glucocorticoids, chemotherapy), pregnancy, tissue damage and hematologic disorders.

The IG count is part of the routine CBC with differential. No additional order or blood collection is required. Please direct any questions or concerns to any member of the Hematopathology group at 604-431-5005.

Dr. Ekram Zayed, Hematopathologist

#### Updated Test for Pheochromocytoma Screening

As of last month, LifeLabs changed to reporting free, rather than total, fractionated urine metanephrines using a more sensitive mass spectrometry-based test. Reference ranges have been adjusted to reflect the fact that free metanephrines represent only 10-25% of the total levels.

Please address any inquiries to Dr. Jan Palaty at 604-507-5207.

#### Change in Methodology for Autoimmune Testing

LifeLabs is completing validation of the BioRad BioPlex 2200 system, using multiplex flow immunoassay technology as a replacement for our current DSX instruments which use enzyme immunoassay (EIA) technology. We plan to introduce the BioPlex into routine use at our Burnaby reference lab in late March. Specimens collected at LifeLabs-branded collection sites will thereafter be processed on the BioPlex. Specimens received at the Surrey reference lab (*i.e.*, collected at BC Biomedical locations) will move to the BioPlex later this year and in the meantime, will continue to be processed on the existing EIA platform.

While a much larger test menu is available, we will be launching the BioPlex to replace our current EIA assays for the following analytes: (anti-) dsDNA; ENA screen and breakdown (Sm, SS-A, SS-B, Scl-70, Jo-1 & RNP); tTG IgA; CCP; vasculitis (MPO & PR3); anti-phospholipids (cardiolipins IgG & IgM, beta-2 glycoprotein 1 IgG & IgM).

Double stranded DNA is internationally standardized and will continue to be reported in IU/mL, whereas most other assays are reported from the BioPlex instrument in Antibody Index (AI) units and in most instances will be simultaneously reported as Neg / Pos, *etc.*, with a related interpretative comment.

We will welcome your feedback following implementation.

While these changes will apply to EIA testing in our immunology area, we will continue to perform tissue-based immunofluorescence testing for ANA and ANCA as well as antibodies to smooth muscle, mitochondria and parietal cells.

Dr. Michael Moss, Medical Biochemist

### **Clinical Information on Lab Requisition Forms**

We would like to remind physicians of the importance of providing clinical information on lab requisition forms. This issue was addressed in the first edition of the CPSBC's **The College Connector**: "Physicians in diagnostic specialties rely on the background clinical narrative provided by referring physicians on requisitions in the same way that clinicians begin their assessment by taking a history. It improves the likelihood of making the correct diagnosis; nothing is more fundamental to medical practice. Providing clinical information on the requisition is a task that cannot reasonably be delegated to clerical staff. Registrants are reminded that the clinical part of a requisition, whether in print



or electronic format, is the responsibility of the clinician (*i.e.* nurse practitioners, midwives, or physicians), not medical office assistants." We urge lab users to provide all clinical information in the "Diagnosis" section to aid in the pathologist's role as consultant to the patient's physician.

## **Ordering Lab Tests Not Listed on Requisition Form**

If you want to order a lab test that is not listed on the requisition form *e.g. Malaria screen*, please ensure that you write the specific test on the requisition form under "OTHER TESTS" (see below). Indicating the diagnosis e.g. Malaria is not sufficient as MSP guidelines require physicians to specifically order the test on the requisition form.



