

## High Sensitivity Troponin T Comes to Victoria

*Dr. Kent Dooley, Clinical Biochemist*

On January 4th 2016, LifeLabs in Victoria will be implementing high sensitivity Troponin T testing (hsTNT) and discontinuing the previous Troponin I test (cTnI). While this will align our testing with Victoria laboratories in the Vancouver Island Health Authority, note that some VIHA sites north of the Malahat may still be using cTnI.

The hsTNT assay reliably measures small elevations of this cardiac marker which are undetectable using previous troponin assays. Note that the units of measure for hsTNT (ng/L) provide numerical results that are 1000x greater than for the previous cTnI (ug/L).

Due to the increased sensitivity of hsTNT, some (non-ACS) chronic conditions may now give an abnormal result. We will interpret hsTNT results as follows:

hsTNT <14 ng/L	Normal hsTnT level indicates a <2% risk for acute MI.
hsTNT 14 – 99 ng/L	Low level positive suggestive of myocardial injury possibly evolving M.I.
hsTNT >99 ng/L	Strongly suggestive of an acute MI.
hsTNT >50 ng/L	Critical result

While hsTNT results should be comparable between the LifeLabs and the other Victoria laboratories, serially following results between laboratories is not advised.

We recommend that patients with a possible AMI should be sent to a hospital Emergency Department and not to LifeLabs. Consequently, patients with requisitions for 'STAT' Troponin testing will continue to be referred to their nearest Emergency Department.

## Thrombophilia Screen

*Dr. Clinton Ho, Hematopathologist*

Effective January 2016, the thrombophilia screening panel will no longer be available at LifeLabs in order to align with other laboratories in BC. Health care providers should order each required test individually on the requisition. When individual thrombophilia tests are not listed on the requisition, LifeLabs will make an attempt to

contact the ordering Health care provider for clarification. In cases when the provider cannot be reached, the thrombophilia screening panel will be reported as unavailable, to prevent excessive waiting by the clients. If you have further questions please contact LifeLabs at 604 412 4528.

## New Chemistry Instruments in Victoria

*Dr. Kent Dooley, Clinical Biochemist*

On January 4th 2016, LifeLabs in Victoria will be implementing new testing systems for our high volume chemistry and immunoassay tests. In addition to enhancing quality, the new systems will allow LifeLabs to provide backup for our operations on the mainland.

We are pleased to introduce more pediatric reference ranges thanks to alignment of methods with the CALIPER project at the Hospital for Sick Children in Toronto. This will include reference values for the Tanner development stages for most endocrine assays.

Most test results are not expected to change but where a clinically significant change is expected this will be noted alongside the test result on the report. If you have questions concerning the impact of a test methodology change on your interpretation of the results please contact:

Kent C. Dooley PhD FCACB  
 BC Chemistry Discipline Head  
 Victoria LifeLabs 250 881-3111 ext 2120.

## Sample Retention

Dr. Kent Dooley, Clinical Biochemist

As of January 1, 2016, chemistry specimens will be stored for the periods indicated below following accessioning .

Section	Specimen	Description	Storage after accessioning
Chemistry	Urinalysis, Stool OB & Fat		N/A
	Routine serum/plasma		3 days
	Tests requiring Path review	e.g. abnormal TSH, protein electrophoresis	7 days
	Difficult to obtain	CSF, Amniotic fluid, sweat, joint fluids	7 days
	Legal	Urine drug screens	Pos - 1yr / Neg – 14 d
	Hepatitis A,B,C		7 days

## Serum and RBC Folate

Dr. Kent Dooley, Clinical Biochemist

With folate supplementation in the general food supply, there are few indications for testing either Serum or Red Blood Cell Folate. Since MSP decided to discontinue paying for folate testing in BC, the volume of testing has decreased substantially.

As of January 2016, LifeLabs will no longer be providing testing for Serum or Red Blood cell Folate.