

Physicians' Newsletter

May 2015

Identification of Patient Specimens

Misidentified patient specimens pose a safety risk to patients as they may lead to delayed or inappropriate diagnoses and/or treatments. To avoid specimen rejection or delay in results reporting, please ensure lab requisition and specimen containers are properly filled out/labelled as shown below.

Patient Surname (from CareCard)		First	Initial(s)	Date of Birth		Sex
Doe		Jane		16	May	1982
Bill to: <input checked="" type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> Patient <input type="checkbox"/> Other		PHN 9876543211		Chart Number	Room # (LTC use only)	
Patient Address		City, Province	Postal Code	Patient Telephone Number		
1234 Healthy Road		Burnaby BC	V3H 5T1	(604) 123-4567		
Ordering Physician, Address, MSP Practitioner Number	Locum for:	CO Number	Date/Time of Collection		Phlebotomist	
Dr. Smith (MSC# 123) 999 Gilmore Way, Burnaby BC V3H 7G8	Physician		15-Dec-2013 @ 2 pm			
	MSC #		Date/Time/Name of Medication			

MICROBIOLOGY LABEL ALL SPECIMENS WITH PATIENT'S FIRST AND LAST NAME, DOB AND/OR PHN & SITE

ROUTINE CULTURE

List current antibiotics: _____

Throat Sputum Blood

Superficial Wound Site: **Left buttock**

Deep Wound Site: _____

Other: _____

VAGINITIS

Initial (smear for BV & yeast only)

Chronic/recurrent (smear, culture, trichomonas)

Trichomonas testing

GROUP B STREP SCREEN (Pregnancy only)

1. Last name, First name
2. Full Birthdate (DD-MMM-YYYY)
3. Sex
4. Personal Health Number (PHN)
5. Ordering Physician (incl. billing # and address)
6. Date and Time of Collection
7. Place an X in the test box whenever possible
8. Site of specimen

Name (Last name, First name)	
Doe, Jane	
DOB (DD-MMM-YYYY)	PHN
16 May 1982	9876543211
Site of specimen	
Left buttock	
Date of collection	
15-Dec-2013	



Communication of Critical Lab Test Results

A recent communique from the College of Physicians and Surgeons of BC (March/April 2015, Vol. 3, #2) reminded its members that “the provision of after-hours coverage is a professional and legal imperative for all physicians” and “recorded messages with general direction to attend at an ER or walk-in or call the BC NurseLine are not acceptable.” We would like to note that this responsibility includes being available to receive critical lab test results, which is of great help to our staff: your cooperation is most appreciated.

New Chlamydia/Gonorrhea Method

As part of the integration of LifeLabs and BC Biomedical, we are standardizing instruments and collection supplies for *Chlamydia trachomatis* and *Neisseria gonorrhoea* (CT/GC) testing. The test platform for all sample types (urethral/cervical swabs and urine) will be moved from the BD Probetec to the GenProbe Aptima, which has been used by Lifelabs in BC for >10 years. It is also used by many other public health and hospital laboratories throughout the province and in Canada.

Although both assays use second-generation nucleic acid amplification technology, the Aptima amplifies target RNA as opposed to DNA (Probetec). A recently published clinical trial (Chernesky *et al.*, J Clin Microbiol. 2014 52(7) 2305) suggests that the Aptima has increased sensitivity compared to the Probetec for the detection of both microorganisms.

While there is no change in collection of *first-void urine* samples, a new Aptima swab collection kit must be used for *urethral* and *cervical* sampling. All former BC Biomedical clients using the Probetec CT/GC swab collection kits will receive a letter in June 2015 notifying them of this change. The new Aptima kits can be ordered through the regular supply ordering process. In addition, LifeLabs Client Service Advisors will be visiting offices and clinics with the new Aptima kits. These are unisex swab kits and include a liquid transport media. We request clinicians to ensure that the cap is securely screwed onto the transport tube to avoid leakage.

New ESR Method

LifeLabs is pleased to announce the introduction of the Test1 analyzer for erythrocyte sedimentation rate (ESR) testing in the Lower Mainland, Vancouver Island, Dawson Creek and Quesnel, commencing May 25, 2015. The Test1 Analyzer by Inter Medico is a fully automated system that determines the ESR by optical density analysis of RBC aggregation; this reduces analysis time to 20 seconds while maintaining excellent correlation with the conventional Westergren method.

The Test1 ESR reference range will be adjusted and has been validated at 2-30 mm/hr (F & M). Consequently, we recommend that clinicians begin with a new baseline for monitoring patients.

Note the following regions in BC will continue using the BD Seditainer methodology: Kamloops, Kimberley, Nelson, Prince George and Terrace. Their reference range will remain unchanged: <20 mm/h (F) and <10 mm/h (M).

New Urinalysis Instruments

New urinalysis instruments have been implemented: namely, Beckman Coulter's iQ200 for macroscopic (dipstick) analysis and iChem Velocity for automated microscopic analysis. These started operation at the Burnaby Reference Lab on May 4 and are expected to go into operation at the former BC Biomedical in early 2016. While the reporting of most tests will remain essentially unchanged, the critical values for glucose and ketones will be slightly lower.

Also please note that macroscopic or microscopic urinalysis will not be performed on samples older than 48 h (or 72 h in a urine preservative tube) due to laboratory accreditation standards.



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