

### Patient Service Centre Conversion

*Mike Kelly, MD, PhD, FRCPC, BC Medical Director*

Following many months of integration activities, we are now in the final phase of converting all BC Biomedical Patient Service Centres (PSCs) to LifeLabs systems and practices. This includes using one Lab Information System and one Client Information Centre (CIC) contact number. We plan to have all BC Biomedical PSCs converted by the fall of 2016.

What this means to you:

- The employees you have been working with at BC Biomedical remain the same, as do our PSC locations.
- Patients have the ability to book appointments online at all PSCs at [www.LifeLabs.com](http://www.LifeLabs.com).
- We have one LifeLabs lab requisition for all PSC locations in the Lower Mainland.
- If specimens are picked up from your office, this service will continue with LifeLabs couriers.
- Result reporting format will change to the LifeLabs standard. You may see a difference in the display of units, banners and comments. If you have a problem with your patient reports and

how you receive them, please contact LifeLabs CIC at 604-431-7206 or toll free at 1-800-431-7206.

- There will be one LifeLabs contact number (listed above) to add tests or inquire about patient results. Please note that if you use the BC Biomedical contact number, you will be automatically rerouted to the new number.
- Your patients' standing orders will continue to be honoured at all PSCs. Please note that LifeLabs provides the standing order expiry date on the patient's report. You will no longer receive the BC Biomedical monthly standing order expiry report.
- Please use the LifeLabs supply order form located at [www.LifeLabs.com](http://www.LifeLabs.com) to order your clinic or office supplies.

Thank you for your support and patience during this transition. We are making changes now that will allow us to provide you with the best possible service in the future. We will continue to keep you informed of any changes that may impact you or your patients.

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### Chemistry Testing & Converted PSCs

*Kent Dooley, PhD, FCACB, Clinical Biochemist*

As part of LifeLabs' commitment to delivering excellent quality and service to patients and to the health care system, we introduced new instrumentation in May 2016 to replace existing routine Chemistry platforms.

The change in methods will affect former BC Biomedical clients as their PSCs are converted. Beginning in the fall of 2016, specimens collected by these PSCs will be moved to the new instruments at our Burnaby facility. Once each PSC is transitioned, the new reference ranges and interpretive comments will appear on laboratory reports. As the transition will be from a Roche line to an Abbott/Roche line, the change affects a subset of chemistry tests but the interpretative comment will still be present. To determine if this interpretative comment is significant to your results please see:

[www.lifelabs.com/reference-ranges](http://www.lifelabs.com/reference-ranges).

A sample comment is:

*"New method effective 2016/01/04 for Vancouver Island and 2016/05/16 for Mainland BC. Reference range(s) have been updated accordingly. See: [www.lifelabs.com/reference-ranges](http://www.lifelabs.com/reference-ranges) for further information for impact on results for former BCBio Clients and LifeLabs Clients."*

Please refer to the reference range listed on your laboratory report for the current interval. Ranges accompanying the patient report are deemed to be correct and should be used to interpret results.

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### High Sensitivity Troponin T

*Kent Dooley, PhD, FCACB, Clinical Biochemist*

We remind physicians that a new troponin assay has been in place since May 16, 2016, for clients of LifeLabs collection centers. For

background information, please see the April edition of the Newsletter, available on our website.

## D-Dimer Testing

Clinton Ho, MD, FRCPC, Hematopathologist

D-Dimer (DD) analysis at Burnaby Reference Laboratory (BRL) Hematology is currently performed on the ACL TOP analyzers in place of the previous Mini-Vidas analyzer. This change simplifies specimen handling requirements but note that significant lipemia may cause unreliable results as the new methodology is based on photometry. In such cases, the following comments will appear on patient reports:

*“D-dimer sample appears lipemic. Lipemia may cause an over estimation/ unreliable D-dimer result. Consider repeat testing on a 10 hr fasting sample.”*

D-Dimer is the final degradation product of fibrin by plasmin. Its presence indicates that thrombosis has occurred. Increased DD can occur in non-pathologic situations such as age >50y, cigarette smoking, pregnancy, puerperium, immobility and recent surgery. Race and ethnicity can also affect the results. Pathologic causes of elevated DD include congestive cardiac failure, stroke, acute coronary syndromes, infection, liver or renal disease, pregnancy (pre-eclampsia), peripheral arteriopathy, DIC, hemorrhage, arterial and venous thromboembolism, thrombolytic agents, malignancy, trauma and burns.

In outpatient settings, elevated DD cannot be used to diagnose the presence of significant thrombosis because it is not specific for this disorder. However, a negative DD test can be used to exclude venous thromboembolic disease in a patient with low pre-test probability following clinical assessment. Patients with a high pre-test probability should not await the result of DD but should receive immediate medical attention.

Note that abnormal DD results are not on the critical phone-list. While an attempt will be made to promptly phone abnormal results to the ordering physician, the results will not be phoned or faxed until the next business day if a physician’s office is closed. Results are also sent directly to Excelleris.

It is the ordering physician’s responsibility to follow up on abnormal results, as confirmed with The Canadian Medical Protective Association. If you have a question or comment, please phone 604-412-4528 and ask for the Hematopathologist (Loc. 73087) or for the on-call Hematopathologist after hours.

## Adding Tests to Previously Collected Sample

Jan Palaty, PhD, FCACB, Clinical Biochemist

Additional tests can usually be requested following routine sample collection in EDTA (hematology) and serum separator (general chemistry) tubes followed by standard handling. The following table lists the more common exceptions along with the general reason.

For add-on hematology tests, please phone 604-412-4528 for the most current requirements.

Test	Tube	Handling	Time	Other
17-OH Progesterone	X			
1,25-OH Vitamin D	X	X		
25-OH Vitamin D				X
Acetaminophen	X			
ACTH	X	X		
Alcohol (Serum)		X		
Aldosterone	X	X		
Bicarbonate (CO2)		X		
Blood cultures	Cannot be added			
BNP	X	X		
Calcium, Ionized		X		
Carotene	X	X		

Most Chemistry samples will be stored for 4 calendar days (7 days for those with abnormal TSH), including date of collection.

Test	Tube	Handling	Time	Other
CEA		X		
Free PSA		X		
Hemoglobin A1C			<48hr	
Hep C Genotyping		X		
Homocysteine	X	X		
IGF-1		X		
LDH Isoenzyme	X	X		
Lupus Anticoagulant	X	X		
Malaria	Slide must be prep'd <1hr of collection			
Morphology	Only if slide already made			
Phenytoin		X		
Renin	X	X		

**Urine samples submitted for medical (non-legal) drug testing are now being retained for 10 days rather than the previous 14 days.**