

## Operational Update for Otago/Southland Community Referrers

August 2013

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### HISTOLOGY SAMPLES

In order to deliver a reliable diagnosis a reasonable sample size is required; some recent samples have been literally just a few cells. Please also ensure that an NHI is provided in all cases – a significant number of histology referrals come with just a name and DoB; given we provide a national service the likelihood of two patients sharing the same details is quite high.

For June 2013, 1836 cases were referred to Dunedin Hospital; excluding leaking samples, 95 (5%) of the samples had some fault.

<b>Error</b>	<b>No</b>	<b>Examples and comments</b>
Site on request form and container non-matching	21	request right upper lip, container left eyelid site right breast, clinical details left breast
No specimen site provided	6	
Unlabelled specimens	2	both authorised to process by the referrer
Mis-spelt patient name	3	
First name container and form non-matching	8	George/Basil Robert/Bruce
DoB container and form non-matching	12	form 9/11/1919, container 12/6/1913 form 10/9/1986, container 10/8/1966
NHI container and form non matching	4	form AES9333, container MZM4314
Inadequate labelling	3	first name and DOB only (2) completely illegible (1)
No orientation given	7	
No clinical details provided	17	
Fresh sample labelled as formalin	2	
No sample in pottle	3	all found later by referrer

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### **Microbiology Urgent Requests**

The Microbiology Laboratory is only staffed until midnight; after that it is necessary to contact the on-call scientist via the switchboard. There have been several instances of urgent samples being sent to the laboratory and sitting on the bench until morning. Note: urine samples are not considered to be urgent

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### **ESR Testing**

Following submissions from specialist areas, and taking into account other ESR testing policies in North Island DHBs the criteria for ESR testing has been reviewed. As per previous correspondence, the ESR has significant limitations in terms of measurement accuracy and clinical dependence on its result in isolation is NOT endorsed by the laboratory.

- The ESR should not be used to screen for plasma cell dyscrasias; serum protein electrophoresis and/or serum light chains are the tests of choice
- The ESR should not be used to screen for inflammatory/infective disorders; CRP is the test of choice

Samples will only be accepted where one of the following indications is documented on the request form as on occasion it may provide additional information:

- Temporal (giant cell) arteritis
- Polymyalgia rheumatica
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Connective tissue disorder
- Vasculitis
- Juvenile idiopathic arthritis
- Rheumatic fever
- Kawasaki disease
- Paediatric inflammatory bowel disease: Ulcerative colitis, Crohn's disease
- Hodgkin lymphoma
- Suspected prosthetic joint infection
- Tuberculosis

With respect to previous communications regarding the ESR, it is regrettable that some of the notifications have not reached all intended clinicians.

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### **Copies of Results to GPs**

Hospital staff - please do not write "Copy to GP" on request forms; the **name** of the GP needs to be specified and also the practice if they work in more than one place. We frequently do not have up-to-date GP information, and considerable time can be wasted trying to ascertain who the results should go to. Effective immediately, if the information is not supplied the request will not be actioned.

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## Post-vasectomy semen analysis

The American Urological Association has recently published new guidelines regarding post-vasectomy semen analysis which can be found here:

<http://www.auanet.org/education/guidelines/vasectomy.cfm> .

These guidelines recommend against centrifuging semen. SCL will change its methods on Monday 19<sup>th</sup> of August 2013 to comply with these updated guidelines.

Post-vasectomy samples should be sent at least eight weeks after the procedure. Please put the date of the vasectomy on the request form. Semen samples will be reported as –

1. No spermatozoa seen
2. Rare spermatozoa seen (<0.1 million/mL) with motility comment
3. Spermatozoa seen (with quantification) with motility comment

According to the new guidelines, where a post-vasectomy semen sample has no spermatozoa seen or rare (<0.1 million/mL) non-motile spermatozoa seen (in a sample that has been received in, and examined by the laboratory within two hours post-collection), the patient can be considered sterile.

If the post-vasectomy semen demonstrates rare (<0.1 million/mL) spermatozoa, and was received in, and examined by the laboratory more than two hours after collection, the motility cannot be assessed. In order to accurately assess motility, a fresh specimen is required as for a fertility examination.

These changes will come into effect on 19<sup>th</sup> August. If you have comments or questions about these changes please contact Dr Antje van der Linden on 4702920

Note: Specimens are accepted Monday - Friday 8.30 – 4.30pm only and should be delivered directly to the laboratory on the 3<sup>rd</sup> floor of the Clinical Services Building in Cumberland Street

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