

LABORATORY SERVICES DURING ALERT LEVEL 1

11 June 2020

COVID-19 testing has dropped off considerably in the past few weeks. We have significant capacity now to increase testing as required if there is a winter surge.

The laboratories are back to business-as-usual in terms of how we staff our labs, collection centres, and couriers. This will enable us to return to 'normal' for laboratory testing. However not all our collection centres are open yet and some are now by appointment only. We will be updating you on collection centre services shortly.

However, I think we can all agree that life post-COVID is going to be different in some ways from life pre-COVID. We hope that referrers will continue to ask themselves "will this test change my patient's management?"

Some of the changes implemented during the earlier phases will continue. These are in areas where we had already identified inappropriate use of laboratory tests. These include:

- **FNAs** - All FNA requests will continue to be assessed by a pathologist before bookings are confirmed. To provide clarity we will soon be updating criteria for FNA
- **Skin sensitivity testing** will return to pre-COVID systems – however, we are aware that this testing is resource-intensive and sometimes not clinically appropriate – we will continue to work with our immunologists to improve processes to ensure the right testing for the right patients
- Testing for **STIs** is back to normal – however, we remind referrers that women should not automatically have STI screening at the time of cervical smear, or if asymptomatic with no risk factors for STI. We also remind referrers that testing on children should be discussed with a paediatrician with training in abuse, prior to collecting and sending specimens
- **Molecular** testing is back to normal – with some pathologist review of requests and declining of tests where they are not deemed to be clinically appropriate
- Therapeutic **venesection** referral and service is back to normal
- **Home visit** phlebotomy is back to normal, however we would like to emphasise that this service is reserved for housebound patients without a support network

We continue to ask that referrers think carefully about the clinical utility of tests before they request them. Examples of the types of tests where the clinical utility should be considered prior to requesting could include (but are not limited to):

- Screening tests (e.g., HbA1c, lipids) in those people where CVDRA is not normally warranted.
- Thalassaemia screens in non-anaemic patients outside of the context of pregnancy

- Routine liver function tests, lipid tests, thyroid tests in patients on stable treatment or replacement
- Faecal tests especially *H. pylori* antigen and faecal calprotectin

In addition, we take the opportunity to remind you to be thoughtful about **tests that have been shown to have limited diagnostic utility, especially as screening tests:**

- Annual screens in asymptomatic patients
- Recurrent testing for isolated mild neutrophilia or mild thrombocytopenia
- Blood film requests without clinical details
- Viral hepatitis screens on patients known to be immune, or at low risk for viral hepatitis
- All hepatitis A tests that are not related to elevated ALT > 250 or part of public health outbreak investigation (with the borders closed we do not expect to see acute hepatitis A)
- HCV testing as part of STI screens
- Screening autoantibody tests and EBV / CMV serology in patients with vague symptoms such as 'tiredness'
- CEA, CA-125 screens in patients without a known malignancy
- Community nutritional status monitoring – thiamine, vitamins A, E, D, B12, folate, copper, zinc
- Routine serum and urine protein electrophoresis
- Urine beta-HCG
- Daily blood testing in general ward patients
- Urine culture in patients without symptoms of urinary tract infection
- Allergy testing in conditions where it is not indicated, e.g. adult eczema, chronic urticaria, and irritable bowel syndrome

We appreciate the assistance we have had from referrers over the past few months. We know it has been a challenging time for everyone.

We continue to ask that **clinical details are routinely provided on all requests for laboratory services** and we thank all our referrers that are taking the extra time to do this.

Arlo Upton
Clinical Microbiologist

On behalf of SCL Southern and Nelson Marlborough