



Feedback on Consultation Document: Clinical Details as a Pre-Requirement for Infectious Serology Testing

Feedback from the consultation document [“Clinical details as a pre-requisite for Infectious Serology”](#) was received from various stakeholders, including GPs, specialists, governance committees and laboratory and hospital management.

The feedback has been reviewed by both the clinical microbiologists and the Pathlab directors. The feedback was in general very positive with a clear majority of responses being in favour of this approach.

It has thus been decided to trial this policy across the region with a start date of **30th May 2016**.

The few negative comments that were received centred around the following areas and are summarised below:

“The policy will delay results”

We believe the responsibility for providing clinical rationale and thus facilitating timely testing should very much fall with the requestor. It is acknowledged however that during the implementation period for such a policy, requestors may be unaware of this requirement, and this may inadvertently delay testing. Therefore during April and May 2016, there will be a ‘lead-in’ period to this approach (see below).

“The clinical details are not reviewed anyway”

At present all request forms are reviewed by a member of staff and a significant proportion are reviewed by either the scientists or the clinical microbiologists. It is acknowledged however that all request forms should be reviewed by the scientific staff and we are taking steps to implement this (see below).

“There may be cases where clinical details are not included for confidentiality reasons”

There are strict rules around confidentiality for all staff performing laboratory testing. There may be the odd occasion however where the above may apply, for various reasons. If this is the case, then the request should be phoned to either the Immunology department or the Clinical Microbiologist, so as to ensure that the testing takes place.

CLINICAL UPDATE

Which Tests will be affected by this Policy?

This policy will affect Infectious serology tests that are performed in-house at Pathlab, namely serological testing for:

Epstein Barr Virus (EBV)

Cytomegalovirus (CMV)

Toxoplasmosis

Leptospirosis

Streptococcal titres (ASOT & anti-DNaseB)

HIV

Syphilis

Hepatitis A, B and C

Helicobacter pylori

Brucellosis

Other serological tests that are sent away to reference laboratories, and patient paid tests will not initially be involved in such a policy, for logistical reasons. This policy will also have no effect on all ante-natal screening serology.

How will the process work?

Every request form which includes an Infectious Serology test will be reviewed by one of the Infectious Serology scientists, with review by one of the Clinical Microbiologists if necessary.

If a request for one of the tests listed above is received without clinical details, it will be registered, stored, and a comment would be returned immediately to the requestor along the lines of *“This sample has been received by the laboratory for serological testing. However no clinical details have been provided. The serum has been stored. Please provide clinical details to the laboratory as soon as possible so that laboratory processing can proceed.”*

From 18th April 2016, there will be a “lead-in period” to ensure as far as possible that all requestors are aware of the policy coming into place. During this period, any infectious serology tests with no clinical details will still be performed, but a comment will go onto the result reminding requestors that from **30th May 2016**, these tests will not be performed until clinical details have been provided.

The aim is to implement this policy as smoothly as possible. By having clinical details on all infectious serology requests, it will enable the laboratory to ensure best practice serological testing has taken place. It will also facilitate interpretation of the results, so that as useful a report as possible is given back to the requestor.

Please feel free to make any further comments you may have on this policy, either before or during the implementation phase. Many thanks.

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CLINICAL UPDATE