

April 2020

## Communication to external stakeholders – COVID-19 Pathology Prioritisation

Dear colleagues,

As you know, the COVID-19 outbreak has escalated to become a pandemic and this will, unfortunately, have an impact on the services that Liverpool Clinical Laboratories can provide over the coming weeks and months.

The LCL facility based at the Royal Liverpool hospital site is now a testing centre for COVID-19 where we are testing both patients and staff for our own Trust and very local hospitals with the expectation that once we have a sustainable supply of reagents, we can offer this service across Cheshire and Merseyside.

However, as the affects of COVID-19 begin to affect our own staff, and as numbers of patients test positive requiring hospital services, it is expected that this will start to impact on our other services across all Pathology disciplines and across the four sites we provide services at.

Following recommendations from NHS England and NHS Improvement over the prioritisation of Pathology laboratory work, COVID-19 testing will undoubtedly have an impact on turnaround times and availability of other routine diagnostic tests for our service requesters, and our clinical service.

We have therefore produced some information, based on national guidance and clinical expertise to help us plan for the impact of this pandemic. The attached contains details on how the prioritisation of laboratory work at LCL will occur. Of course we are trying to optimise all our service provision and will follow guidance as we implement these plans but, we find ourselves having to implement some changes more quickly than others and we will keep you informed as much as possible.

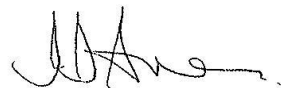
We are sure you will understand the pressure our service and staff are under at this time considering this is a whole system challenge. We will be distributing further updates where possible, but please be assured we have robust contingency plans in place to maximize and deliver the most appropriate services as and when required.

If you have any specific questions about the services affected, please contact the Senior Management team through our LCL Communications and Marketing Officer Richard Potter, to ensure all questions can be responded to as efficiently as possible.

Kind regards



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Chief Operating Officer  
Liverpool Clinical Laboratories



Dr James Anson  
Medical Director  
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## Medical Virology

<b>Priority/Core Tests (To continue) *Turn around time may increase</b>	<b>Tests for batching with associated increase in turn around times (7-14 days)</b>	<b>Tests that will cease with immediate effect</b>
Acute and dialysis blood born virus screening (Hepatitis, HIV)	Syphilis screening and monitoring	Galactomanams
Transplant screening	HIV Resistance	Routine Respiratory Viral PCR (except patients with severe immune-compromise i.e. BMT, and Critical Care with a negative Covid-19 PCR on request only)
Viral PCR for CSFs	Hepatitis C Genotyping	Atypical respiratory bacterial PCR
PCP PCR where indicated	GC/Chlamydia screening	Faecal viral PCR
Antenatal screening programme	Routine BBV screening (follow-up etc.)	H. pylori antigen screening
Brucella Serology*	BK and JC monitoring	

## Medical Bacteriology

Priority/Core Tests (To continue) *Turn around time may increase	Tests which may cease, as priority tests increase (in order).  Specimens will be stored for 7 days. Testing may be arranged on individual discussion with a Medical Microbiologist	Tests that will cease with immediate effect
Blood cultures	Non bloody faecal specimens from community settings [with the exception of C. difficile]	Urinary antigens that do not meet BTS criteria
Urgent fluids and tissues (CSF, ascitic fluid, pleural fluid, biopsies etc.)	Community CSUs	Routine mycology from Community settings
Mycobacteriology including AP stains and TB diagnostics	Community genital swabs [except from GUM, pregnant women and children <16]	Eye swabs (with the exception of St Pauls, Inpatients and children <6 months)
C. difficile ELISA and PCR	Community ear, nose and throat swabs	Routine 16/18S [on approval by a Medical Microbiologist only]
Environmental water testing	Community wound swabs	
Critical care specimens [MDRO screens, respiratory specimens]	Inpatient CSUs	
Respiratory specimens [prioritising cohort wards]	Inpatient MSUs	
MDRO screens [note: potential reduction in frequency of screening – to be reviewed]	Cystic fibrosis screens	
Endophthalmology specimens from outpatient and inpatient settings	Dental specimens	

## Infection and Immunity Clinical Service

We are reviewing with individual teams the requirement for bed side patient reviews, face-to-face ward rounds and multi-disciplinary meetings and finding alternatives where possible. In the medium to long term we are likely to withdraw some non-core clinical activities (such as stewardship, audit and quality improvement) in order to provide a core clinical service including:

- Access to a Consultant Microbiologist for clinical advice via telephone 24/7
- Authorisation of reports

- Communication and clinical management advice for critical specimens (blood cultures, CSFs etc.)
- Infection, prevention and control activity

To access clinical Microbiology and Virology advice during this time please direct your users to extension 4410 (from Royal and Liverpool Heart and Chest); extension 4900 (From Aintree) or 0151 706 4410 (from other sites). Out of hours (between 5pm-9am; and weekends) please call via respective switchboards.

### Clinical Immunology

Priority/Core Tests (To continue) *Turn around time may increase	Tests for batching with associated increase in turn around times (7 days)	Tests that will cease with immediate effect
ANCA	Electrophoresis and immunoglobulins	Allergy testing [Except when there are overriding clinical indications - these should be discussed with Consultant Immunologist]
GBM		
Urine electrophoresis/immunofixation		

### Histocompatibility and Immunogenetics

Priority/Core Tests (To continue) *Turn around time may increase	Tests for batching with associated increase in turn around times (7 days)	Tests that will cease with immediate effect
Deceased donor HLA typing	Routine HLA typing and antibody screening	Deceased donor and living donor cross matching [to be reviewed with Transplant teams, as and when local and national transplant service is resumed]
Post-Transplant Monitoring for Renal Patients by Single antigen beads	B27s	NEQAS H&I
Post-Transplant Monitoring of Bone Marrow patients (Chimerism)	Patient registration batching	Virtual cross match list
Bone marrow searches		
NGS		

## Blood Sciences

We do not currently anticipate the turnaround time of urgent or routine automated tests to be compromised.

The following specialist manual assays in Blood Sciences have been reviewed and the target turnaround times are listed below:

<b>TEST</b>	<b>Current</b>	<b>Revised TAT</b>
Cyclosporin	<72 hrs	No change
Tacrolimus	<72 hrs	No change
Sirolimus	<72 hrs	No change
25-OH Vit D	<14 days	<21 days
Faecal Calprotectin	< 7 days	<10 days
CU, ZN, SE	<5 days	<10 days
Urine Mets / 5HIAA/ Urine Cortisol	<14 days	< 28 days
HBA1c	<72hrs	No change
Homocystiene	<10 days	<28 days
Thiamine/Vitamin A & E	<14 days	<28 days
Growth Hormone/IGF1	<7 days	<14 days
Renin/Aldo Ratio	<14 days	No change
Female Testosterone	<7 days	<10 days
Androstenedione/17-OHP	<7 days	<10 days
Chromium/Cobalt/Lead/Aluminium	<5 days	<28 days
AKU service	Suspended until further notice	Suspended until further notice
Abnormal Haemoglobin Screen	<72 hrs	<7 days
Routine ADAMTS13	<1 week	<2 weeks
Routine Factor Assays	<1 week	<2 weeks
Specialist Coagulation	<3 weeks	<6 weeks