Pathology Prioritisation: Winter 2020/2021

Context

Liverpool Clinical Laboratories are experiencing significant stress on laboratory systems, both workload and reduction in staff. This document sets out the prioritisation of testing to support the Covid-19 response, whilst maintaining essential diagnostic services.

This document is based on recommendations made by the Royal College of Pathologists, Institute of Biomedical Science, the Association of Clinical Biochemistry and Laboratory Medicine and the Association of Clinical Pathologists (Royal College of Pathologists, Institute of Biomedical Scientists, The Association for Clinical Biochemistry and Laboratory Medicine, The Association of Clinical Pathologists, 2020)

Aims and Objectives

This document outlines measures the LCL will take to prioritise work, release staff, facilities, equipment and reagents to cope with the additional pressures associated with COVID19 response.

Monitoring and Review

All turn around times will be monitored monthly with a formal review in March 2021.

Medical Virology

Priority/Core Tests (To continue) ***Turn around time may increase**	**Tests for batching with associated increase in turn around times (7-14 days)** **[Batched to 1-2 runs/week]**	**Tests that will cease with immediate effect**
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) TO REVIEW WEEKLY
Antenatal screening programme	Hepatitis C Genotypiing	Faecal viral PCR
Brucella Serology + PCR	GC/Chlamydia screening	H. pylori antigen screening
	Routine BBV screening (follow-up etc.)	16S/18S
	BK and JC monitoring	
	Atypical respiratory bacterial PCR + PCP	
	Viral PCR for CSFs	

Medical Bacteriology

Medical Bacteriology Clinical Service

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	
Endophtalmology specimens from outpatient and inpatient settings	Dental specimens	

Medical Bacteriology Clinical Service

Priority/Core Service	**Services with altered delivery**	**Services that will cease with immediate effect**
Infection Control for all sites	Telephone Advise Service - No calls returned between 0900-1300 (except Urgent) - All calls will be returned between 1300-1700	
Consults service – including communication of Urgent results, ITU Ward rounds and bedside reviews. Bleep 4797 at Royal site Bleep 5614 at Aintree site	Ward rounds and MDTS will be reviewed with clinical teams on an individual basis	

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	Electophoresis 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	
Post-Transplant Monitoring for Renal Patients by Single antigen beads	B27s	
Post-Transplant Monitoring of Bone Marrow patients (Chimerism)	Patient registration batching	
Bone marrow searches		
NGS		
Deceased donor and living donor cross matching		
Virtual cross match list		

Blood Sciences

We do not anticipate the turnaround time of urgent/routine automated tests or the issue of blood components to be compromised.

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

TEST	Current	Revised TAT
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
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

Histopathology and Cytopathology

We do not anticipate any significant increase in turnaround times for histology and cytology samples given the current reduced activity. However if activity levels were to increase to catch up on the back log, the table below outlines the department's approach:

Priority Specimens, No increase in current agreed TAT expected	**Specimens with possible associated increase in TAT, will be kept under review**
Histology: current agreed TAT= 70% in 10 days • Urgent biopsies (includes all suspected cancer biopsies and clinically urgent non cancer biopsies) • Urgent resections (includes all diagnostic cancer resections and therapeutic resections where adjuvant therapy will be directed by surgical pathological report)	**Histology:** Currently agreed TAT= 90% in 10 days • Routine biopsies • Routine resections
Cytology >70% in 10 days	
Ophthalmic slow Mohs as agreed with service users	
Molecular EGFR 100% 14 days BRAF 100% 14 days Clonality 100% 20 days FISH 100% 14 days	