THE DOCTORS LABORATORY

Laboratory Guide 2020

Valid from 1st January 2020

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TDL Customer Charter

We are committed to being the most helpful pathology service in the UK. Our goal is always to provide a high level of service to our customers, who request pathology services, for their patients. This is a philosophy shared by all Sonic Healthcare Pathology practices. We are medically led, and patients are our first concern. We always try to look to improve our operational expertise, and we strive to provide professional leadership within our specialities.

We promise to provide easy access to our pathology services

- We will always provide a friendly, helpful service.
- Our automated laboratory departments operate 24 hours a day, 7 days a week, and we aim to achieve, or improve, our published turnaround times.
- Our medical consultants and laboratory teams are available to provide additional clarification, advice or information for tests or results.

We promise to help you

- We invest in technical and operational excellence, with an extensive test repertoire, to ensure access to a leading-edge laboratory service.
- We return results using the reporting method choice, in an as organised and safe way as possible.

We promise to support the communities we work in

- We do our utmost to provide a service, even during extreme external disruptions beyond our control.
- We are committed to our staff's continued professional development.
- We have an organised programme to provide young people with work experience.
- We support our local community.

We promise to listen

- We acknowledge customer issues, and try to resolve them promptly and consistently.
- If our delivery has been adversely affected, we will address and review our procedures so that our service reaches the highest standards.
- We actively ask for feedback so that we can continue to improve our service.

Complaints policy

It is the aim of the company to maintain its core values. Two of these core values are:

- Commit to service excellence.
- Be enthusiastic about continuous improvement.

Where a doctor or patient needs to raise a complaint about service levels they should contact Cyril Taylor, Director of Laboratory Compliance, or Annette Wilkinson, Director of Service at tdlservice@tdlpathology.com giving details of the complaint.

The information forwarded will be treated as confidential and investigated by the above persons. This process will link into Quality Management procedure for incident investigation. Corrective and preventative actions will be introduced where indicated.

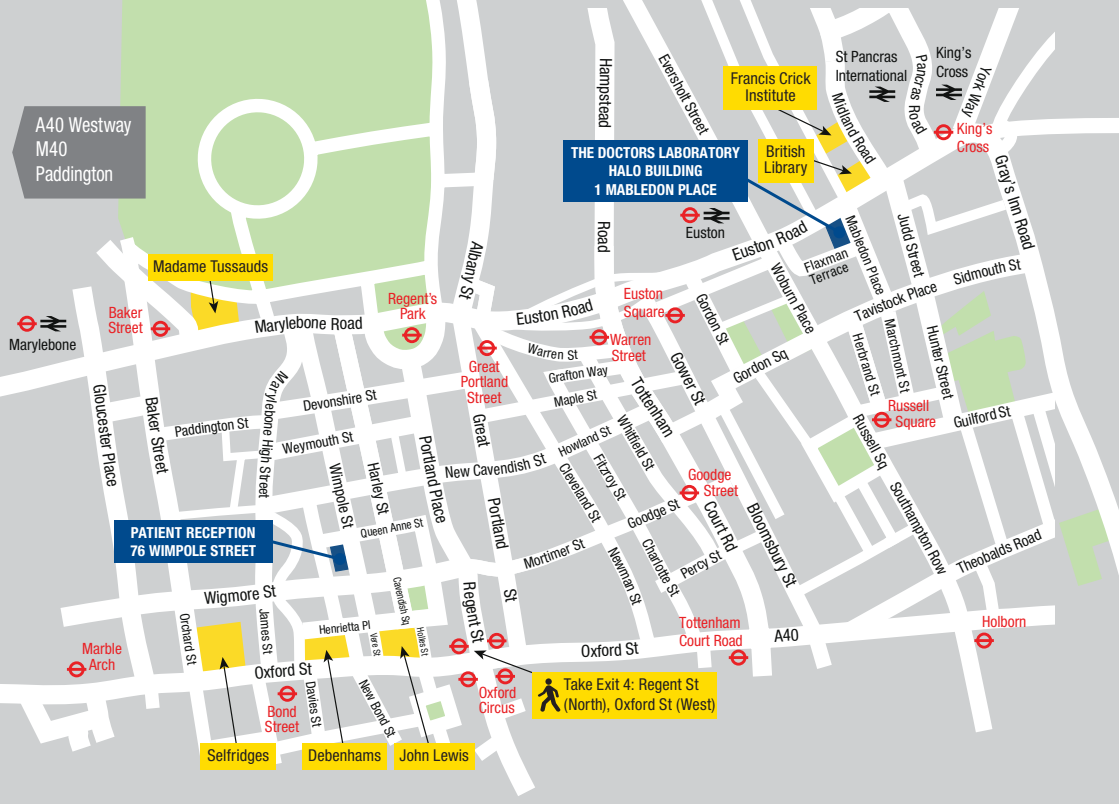
Contents

Index of TDL Profiles

TDL SCREENING PROFILES

TDL SPECIFIC PROFILES

Personal Profile (Doctor's own) are available on request.



THE DOCTORS LABORATORY

The Halo Building, 1 Mabledon Place, London WC1H 9AX
Tel: 020 7307 7373 Fax: 020 7307 7374
E-mail: tdl@tdlpathology.com
Web: www.tdlpathology.com

PATIENT RECEPTION/PHLEBOTOMY SERVICES

76 Wimpole Street, London W1G 9RT
Telephone: 020 7307 7383
Patient Reception Fax: 020 7307 7371
Email: patientreception@tdlpathology.com

OPENING TIMES

Monday to Friday 7.00am – 7.00pm
Saturday 7.00am – 5.00pm

Out of hours samples can be dropped at:

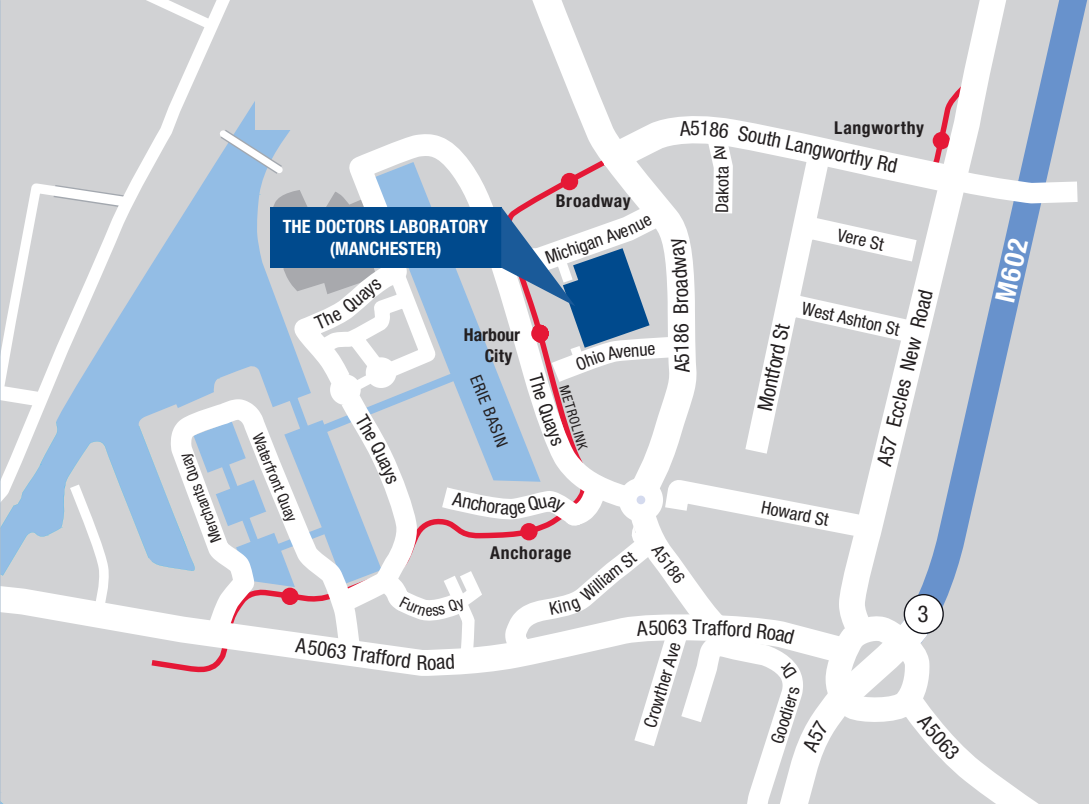
Patient Reception
76 Wimpole Street
London W1G 9RT

Or at any time at the main laboratory:

The Halo Building
1 Mabledon Place
London WC1H 9AX

Samples are taken at Patient Reception only.

Samples cannot be taken at The Halo Building.



THE DOCTORS LABORATORY (MANCHESTER)

Michigan House, Michigan Avenue
Salford Quays, Manchester M50 2GY

Tel: 0161 332 7181 Fax: 0161 332 7182
Web: www.tdlpathology.com

Samples can be dropped at the laboratory at any time.

COURIER COLLECTIONS

Tel: 0161 332 7187

Helpful information

The Laboratory Guide is designed to give you an easy-to-use reference for the most regularly requested services, pathology profiles and tests. If you are not able to find details for tests and services, please contact the laboratory on 020 7307 7373. We continue to develop a wide range of test and patient services and our aim is to offer commitment to customer service, strong working relationships and help and support for referring doctors and their practices.

For details about all services, please contact the laboratory on 020 7307 7373, or for more information visit www.tdlpathology.com.

LONDON LABORATORY TIMES: 24 HOURS

A wide range of analytical services are run 24/7 but not all tests or departments operate throughout the night, weekends, or bank holidays.

Outside routine hours the night team provide a wide range of analytical services but not all tests will be run as standard. No surcharges are made unless there are special arrangements for courier collections or investigations requiring additional resources.

Outside Patient Reception hours samples may be dropped off at 76 Wimpole Street, London W1G 9RT or at the laboratory at The Halo Building, 1 Mabledon Place, London WC1H 9AX (see page 4) at any time.

MANCHESTER LABORATORY TIMES: 24 HOURS

Samples may be dropped off at the laboratory at Michigan House, Michigan Avenue, Salford Quays, Manchester M50 2GY (see page 5) at any time.

MANCHESTER TURNAROUND TIMES

Tests not processed at our laboratory in Manchester will be referred to the TDL Main laboratory. If you need information about turnaround times please contact the laboratory.

PATIENT RECEPTION TIMES

Patient Reception is at:

76 Wimpole Street, London W1G 9RT

Monday to Friday 7.00am – 7.00pm, Saturday 7.00am – 5.00pm
Direct line tel: 020 7307 7383

Appointments are only necessary if a patient needs specialised investigations or care. Patients should always bring a request form or referral letter with them. Instructions can be faxed or telephoned ahead of the patient's attendance, if this is more convenient.

Patient Reception Direct line tel: 020 7307 7383 Fax: 020 7307 7371

Sample taking is undertaken by qualified staff for which a standard sample taking fee of £45.00 is charged to patients. A nominal fee of £20.00 is charged to doctors and clinics for each patient.

Sample taking services for extended tests (see page 125) and **Drugs of Abuse with Chain of Custody** are routinely available.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Helpful information

Cervical cytology, HVS and cervical swabs are not taken at 76 Wimpole Street.

Patient Reception sample taking services are not available in Manchester.

SEMEN ANALYSIS

Semen samples need specialist handling within the laboratory. For this reason all requests for Semen Analysis must be made by appointment. Practices or patients can make an online appointment at www.tdlpathology.com/andrologybooking or call **020 7307 7373** to make appointments and confirm instructions for sample collection.

1 Patients must abstain from ejaculation for at least 2 days but not longer than 5 days before the test.

2 Ideally semen samples should be produced at The Doctors Laboratory, 76 Wimpole Street, unless there are exceptional circumstances. In these exceptional circumstances please contact TDL Andrology on 020 7025 7940 for special arrangements and instructions. Refer to Andrology, see page 56.

Post vasectomy semen analysis is not provided in Manchester.

PATIENT REQUEST FORM

To comply with good clinical practice it is important that there is one request form for each patient's request, and specimens and form are correctly and fully labelled, to include three unique patient identifiers:

- First name, Surname, Date of birth, Hospital/ Clinic number, Medical Record Number (MRN) are examples of patient identifiers
- Time and Date of collection of samples
- Type of sample and Anatomical site, where appropriate (e.g. swabs)
- Relevant clinical information
- Relevant details of medication
- High Risk Samples should be clearly identified on the form and individually packed separately from other samples
- Hazard Group 4 pathogens (such as Ebola or Viral Haemorrhagic Fever) must not be sent to the laboratory – please contact the National Fever Service on 0844 778 8990 for advice before sending samples to the laboratory

If additional tests are required for a sample already received please contact the laboratory on 020 7307 7373 with your request for specific further analysis. Samples are stored within timeframes according to their discipline. Laboratory staff will advise on the ability to undertake further testing from samples already received in the laboratory.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Helpful information

EMAILED REQUESTS FOR ADD ONS

The majority of samples received in the laboratory are kept for one week. If sample type and volume allow, further testing can be requested by telephone (020 7307 7373) or by email to **addons@tdlpathology.com**. Please specify the test details to be added, together with Patient details, and LABORATORY NUMBER need to be given with Emailed requests.

HOME VISITS

This service is available for patients who, for whatever reason, prefer samples to be taken at home or at locations other than a doctor's practice or TDL's Patient Reception at 76 Wimpole Street. This is a service that is used regularly to save time for both doctors and patients and ensures that results can be made available before consultation is undertaken.

There is a visit fee from £110.00 to patients within the M25, from £160.00 for children when two nurses are needed. Home visits outside the M25, for weekends, bank holidays and night fees are by special arrangement. To arrange a Home Visit please telephone Patient Reception on **020 7025 7997** or email homevisits@tdlpathology.com.

TDL COLLECT: SPECIMEN COLLECTION SERVICES BY COURIER

TDL operates a dedicated and extensive specimen collection service. **TDL Collect** provides a 24 hour professional sample collection service on an urgent, regular or random basis. No charge is made for collections from practice within the M25. Sample collection from practices outside the M25 is by arrangement and may incur courier charges.

TDL COLLECT Online Courier Booking is a time saving new service at **www.tdlpathology.com/couriers**. For your practice's Username and Password please contact Chris Tanalega on 020 7025 7929 or chris.tanalega@tdlpathology.com.

Our couriers are trained to Health and Safety guidelines and maintain our commitment to customer service. For added convenience to doctors and their patients, we also collect samples directly from patients' homes, offices or hotels within the M25.

To arrange courier collection of samples from other areas in the UK please telephone **020 7307 7373**.

High risk samples should be clearly labelled and packed separately from other samples.

TDL Collect cannot transport samples containing Hazard Group 4 pathogens, such as Ebola fever or Viral Haemorrhagic Fever.

TDL COLLECT UK NUMBER: 020 7307 7373

SAMPLE PACKING

Samples need to be transported for subsequent processing and testing. Transport systems will be various and cover both long or short distances.

Samples need to be collected and packed into appropriate sample containers provided by the laboratory in order to maintain integrity of the sample(s). Attention needs to be given to temperature, special transport containers and time limitations.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Helpful information

Clinics, practices and laboratories who are posting or transporting samples by air, sea, rail and road between local, regional and reference laboratories, or between laboratories in other countries, must adhere to a number of regulations. These regulations are designed to deal with transportation accidents and spills, reduce biohazards and keep samples intact for testing.

Regulations are given by several sources including

- National transport regulations
- IATA
- Rail and road traffic agencies
- Postal services

Compliance is mandatory in order to reduce risk to couriers, carrier, laboratory staff and passengers.

Sample transport requirements are based on the category of samples being transported. Infectious substances are classified as Category A or Category B.

TDL does not arrange for transport of Category A samples (infectious substances capable of causing permanent disability or life threatening or fatal disease to humans or animals).

Instruction and packaging for Category B is provided, covering Biological Substances, UN number UN 3373.

PACKAGING REQUIREMENTS

There are specific packaging instructions and labelling requirements requiring triple packaging.

1 Primary leak-proof container – tube or vial containing the sample

2 Secondary watertight container, with absorbent material, intended to protect the primary container

3 Outer container protects the secondary container

There are specific packaging instructions for frozen samples requiring shipment using BioFreeze bottles, or Dry Ice.

For information please contact the Referrals Dept (ReferralsOffice@tdlpathology.com)

POSTAL PATHOLOGY

TDL Postal Pathology services should be considered by all doctors in the UK who need a personal and rapid results service. Turnaround times for specific tests are detailed in the laboratory guide and are quoted from the time of receipt in the laboratory.

Postal Pathology is a particularly suitable method of transport for occupational health, insurance companies and general practice. Postal Pathology provides:

- Simple and convenient sample handling anywhere in the country for most tests, although not suitable for microbiology specimens
- Scope for large and small volumes of pathology
- Reliability and efficiency for most ranges of tests
- Individual requirements accommodated

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Helpful information

- Only postal packs accepted by Royal Mail are suitable for the carriage of samples. TDL will provide these at no additional cost. These must be labelled with 'Biological Substance Category B' and must display the Diamond Mark and UN3373. Samples not expected to contain pathogens should be labelled 'Exempt Human Specimen'.

PATHOLOGY CONSUMABLES / REQUEST FORMS / POSTAL PACKS

Our Stores Department provides all appropriate sample collection consumables required for sample collection. Orders will be sent same or next day and can be made by telephone (020 7307 7373), e-mail (supplies@tdlpathology.com) or fax 020 7307 7340. There is a Supplies Order Form at the back of this Laboratory Guide.

REQUESTING AND REPORTING OPTIONS

We continually review and update our IT Services for receiving requests and reporting results electronically between practices and the laboratory. A number of innovative report formats are now available.

Encrypted Email

Results will be sent in encrypted format to any number of predetermined email addresses. Copy reports will be emailed automatically to email addresses on the system.

Link to Practice Management System

Bidirectional requests and results can be delivered electronically to a number of integrated practice systems. Practice software that accepts data in an HL7 format can be linked to receive results from the laboratory.

All TDL systems are accredited to the latest International Standard for Information Security ISO/IEC 27001:2013.

TDL e-View

Registered users can view all their results online. This is a secure Login/Password protected look-up system, with a cumulative results reporting function. Results can be accessed any time, from anywhere, through the internet.

Printed Copy

Results are posted out on the day they are reported.

NEW TDL PORTAL

This provides the most accurate option for clinics without a practice management system. For information about this option please contact portal@tdlpathology.com.

EMAILED RESULTS INCORPORATING YOUR LOGO

If your practice or company receives results by email, and would like these personalised with your logo, simply email your company details and logo in GIF format to logo@tdlpathology.com.

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Helpful information

TDL WEBSITE: WWW.TDLPATHOLOGY.COM

Our website contains comprehensive information on the range of tests and services we provide. The website is updated monthly with services and test information, including sample types, turnaround times, special instructions and information.

Reference Ranges are given on the website or by emailing refranges@tdlpathology.com

FEES FOR PATHOLOGY

Fees can be paid directly by patients or by the practice, clinic or requesting organisation. A payment instruction clearly identifying to whom invoices need to be sent must be given with each patient's request.

Patients are normally invoiced within 7 days to the address provided by the patient or practice. Their pathology fees include a standard credit/administration charge.

Receipts for insurance purposes are sent, if requested. Patients visiting Wimpole Street for sample taking have the opportunity to settle their pathology fees at the time of their visit. A credit/administration fee is raised for invoices sent to patients. All normal credit, debit or chargecards are accepted and payment can be made by following the telephone payment instructions given with each invoice.

The Terms and Conditions appearing on pages 203-210 of this Laboratory Guide shall apply to the services we provide to you, unless otherwise agreed.

PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION

The General Data Protection Regulation (GDPR) came in to force in May 2018 and has had a significant impact upon the way that personal data is managed; placing legal requirements upon data processors and controllers to manage that information securely, maintain records of the processing that is carried out, and report when breaches of the regulation do occur. This has impacted the way many businesses operate, and is not restricted to the healthcare sector.

The GDPR requirements have been implemented within the context of a mature ISO 27001 Information Security Management System – the globally accepted standard by which information is secured. This ensures that senior management have regular visibility of the threats to the confidentiality, availability and integrity of the information that we process, and are able to steer the efforts of their teams to provide an efficient service that places the confidentiality of our customers and their patients at the heart of everything we do.

In order to support our customers compliance with the regulation and as a part of a wider GDPR compliance project TDL has updated its standard terms and conditions to include revised data processing clauses, which are mandatory when providing personal data to another organisation.

Helpful information

WHO TO ASK FOR HELP

24 hour Telephone (Main Switchboard/All Services): 020 7307 7373
Fax: 020 7307 7374

CEO	David Byrne	david.byrne@tdlpathology.com
Group Laboratory Director	Tim Herriman	tim.herriman@tdlpathology.com
Director of Sales/Service	Annette Wilkinson	annette.wilkinson@tdlpathology.com
Director of TDL Genetics	Dr Lisa Levett	lisa.levett@tdlpathology.com
Chief Information Officer (IT)	John Matthews	john.matthews@tdlpathology.com

HEADS OF SUPPORT DEPARTMENTS

Laboratory Service Compliance Director	Cyril Taylor	cyril.taylor@tdlpathology.com
Director of QMG	Emer Nestor	emer.nestor@tdlpathology.com
Patient/Doctor Invoices	Aneta Kontrova	aneta.kontrova@tdlpathology.com
Logistics/Couriers	Steve Kettle	steve.kettle@tdlpathology.com
Patient Reception/Home Visits	Eileen Flatley	eileen.flatley@tdlpathology.com
Call Centre	Chris Tanalega	chris.tanalega@tdlpathology.com
IT Operations/Customer Service	Rochelle Fakhri	rochelle.fakhri@tdlpathology.com
Sample Reception	Peter Hill	peter.hill@tdlpathology.com
Referrals Department	Maulik Trivedi	maulik.trivedi@tdlpathology.com
Human Resources	Matthew Gibbins	matthew.gibbins@tdlpathology.com

HEADS OF LABORATORY DEPARTMENTS (LONDON)

Haematology	Billy Janda	billy.janda@tdlpathology.com
Biochemistry	Dayan Lloyd-Hennie	dayan.lloyd-hennie@tdlpathology.com
Microbiology	Alan Spratt	alan.spratt@tdlpathology.com
Andrology	Andrew Dawkins	andrew.dawkins@tdlpathology.com
Cytology	Margaret Morgan	margaret.morgan@tdlpathology.com
Immunology/Virology	Kushen Ramessur	kushen.ramessur@tdlpathology.com
Cytogenetics	Rebecca Watts	rebecca.watts@hslpathology.com
Molecular Genetics	Dr Stuart Liddle	stuart.liddle@tdlpathology.com
TDL Trials	Abraham Roodt	abraham.roodt@tdlpathology.com
Night Service	Sanjiv Sawock	sanjiv.sawock@tdlpathology.com

TDL MANCHESTER

Systems Manager	Andy Leeson	andy.leeson@tdlpathology.com
SRA Manager	Georgina Arnold	georgina.arnold@tdlpathology.com
Quality Manager	Eamonn Donnellan	eamonn.donnellan@tdlpathology.com
Courier Control	Marc Rennard	marc.rennard@tdlpathology.com

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Quality assurance

8169 8860 8059 8812 10199 8511

The Doctors Laboratory is committed to providing doctors with pathology of the highest quality. The quality of results is of fundamental importance and the laboratory operates to stringent technical and administrative standards.

Internal quality assurance is achieved by strict adherence to standard operating procedures for all analytical processes. TDL participates in recognised National External Quality Assessment Schemes. These schemes are subscribed to by NHS and private laboratories. Results are subjected to strict internal and external quality control. Details of the laboratories to whom TDL refers specialist testing are available from TDL Referrals. These laboratories are UKAS accredited or of equal accreditation status. Details of the tests that are referred are given on the TDL website. QA is administered by TDL's Quality Management Group (QMG) who also adhere to regulatory and accreditation requirements.

BIOCHEMISTRY: UKNEQAS, WEQAS, RIQAS, BIORAD for

ACE
ACTH (with PTH)
AFP/CEA & HCG
Antibiotics (Gentamicin, Vancomycin and Amikacin)
Anti-Hbs Detection
Ammonia
Autoimmune (RF and TPO)
B2 Microglobulin
Cardiac Markers
Clinical Chemistry
CMV IgG/IgM
CRP & Ultra-Sensitive CRP
CSF
Cyclosporin and Tacrolimus
DEQAS
Diagnostic Serology Exanthem
Diagnostic Serology Hepatitis
Drugs of Abuse
Ethanol
Faecal Markers for Inflammation (Calprotectin)
Free Beta HCG and PAPP-A
GFR
Glucose/Glucometer
Glycated Haemoglobins
Guildford Peptides
Haematinics
Healthcontrol Therapeutic Drugs Screen (TDM)
Hepatitis A (with B and C)
Hepatitis B Serology
Hepatitis C Serology
HIV Serology
Homocysteine
HTLV
IGF-1
Immunity Screen
Lipase
Lipid Investigations
NT-Pro BNP
Paediatric Bilirubins
Parasitology
Peptide Hormones
PSA
PTH, ACTH and hCT
Rubella IgG Serology
Salicylate and Paracetamol
Specific Proteins
Steroid Hormones
Syphilis Serology
Thyroglobulin Surveys

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Quality assurance

Thyroid Hormones
Total IgE
Toxoplasma IgG/M Serology
Tumour Markers
Toxoplasma IgM Serology
Toxoplasma IgG Serology
Trace Elements
Urine Chemistry
Vitamin D (25 OH)

HAEMATOLOGY: UKNEQAS for

Automated Differential Leucocyte Count
Blood Film Morphology
Coagulation (Including PoCT Coagulation)
EBV Mononucleosis
ESR and NRBC (nucleated Rbc)
Flow Cytometry
- Leukaemia immunophenotyping
- Myeloperoxidase
- Iron stain

Full Blood Count
Haematology
Haematology Analysis
Malaria
Parasite Films
Reticulocyte
Sickle Screening
Thrombophilia Screening

Factors assays:

Von Willebrand (vWD) screen
Anti-Xa assay
Plasma viscosities

TDL GENETICS: GENQA, ISFG, EMQN, UKNEQAS, LABQUALITY, ECAT for

Constitutional Clinical Cytogenetics (Rounds for Amniocentesis, CVS, Solid Tissue, Blood, Array CGH)
QF-PCR Aneuploidy Detection
Chlamydia & Gonorrhoea detection by PCR
Cystic Fibrosis
Duchenne/Becker Muscular Dystrophy
Hereditary Haemochromotosis (C282Y+H63D) genotyping + reporting
HLA Class I (HLA-A, HLA-B, HLA-C) Tissue Typing (low resolution)
HLA Class II (HLA-DRB1, HLA-DQB1) Tissue Typing (low resolution)
HLA-B27 Genotyping
HLA-B57*01 Genotyping
Human Papillomavirus DNA
Paternity Testing
Prader-Willi and Angelman Syndromes
Spinal Muscular Atrophy
STD Detection by PCR
Y Microdeletion PCR Assay
BoBs Rapid Aneuploidy detection
HLA+ Disease Typing
Cytochrome P450 2D6/2C19 genotyping
Thrombophilia (Factor II, V, MTHFR)
NIPT for aneuploidies
NIPT for sexing

MICROBIOLOGY: UKNEQAS, QCMD for

AAFB for Microscopy + Mycobacterium Culture
Antifungal Panel
Antifungal Susceptibility
Antimicrobial Susceptibility
Clostridium Difficile + MRSA Screening
Cryptococcal Antigen Detection (Pilot Scheme)
Faecal Parasitology
Faecal Haemoglobin EQA scheme
Fungal Biomarkers (Pilot Scheme)
General Bacteriology
Genital Pathogens
Molecular detection of Mycobacteria
Mycology
Urinary Antigen: Legionella
Urinary Antigens (Legionella and Pneumococcal antigen)
WEQAS Urinanalysis scheme

IMMUNOLOGY

UKNEQAS – General Immunology for:

Allergen Component Testing
Autoimmune Serology ANCA/GBM Antibodies
Bullous Dermatosis Antibodies
Coeliac Disease Antibodies
Allergen Specific IgE Antibodies
New General Autoimmune Serology
Anti-Phospholipid Antibodies
Nuclear and Related Antigens
AMH
IGRA TBQ
Intristic factor
Islet Cell Antibodies (Diabetic Marker)

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Quality assurance

EUROQAS:
Allergy for specific IgE

UKNEQAS – Infectious Immunology for:
HIV Serology/POCT
Immunity Screen – VZV, Parvo Viruse, EBV
Chlamydia Detect
Varicella Zoster (IgG) Serology
Parasite Serology
Chlamydia & Gonorrhoea (NAAT/PCR)

RIQAS Scheme:
Syphilis Serology
EBV
HSV Serology

ENDOCRINOLOGY: UKNEQAS for
Steroid Hormones
Peptide Schemes 1 to 4
Thyroid Scheme
Allergens Scheme
SHBG
Prostate Specific Antigen
Tumour Markers
PTH
Specific IgE/Total IgE
AFP/CEA

CYTOLOGY: EQA, TEQA for
NHSCSP (EQA for Gynaecological Cytopathology)
NHSCSP (TEQA for PAP stain)
Hologic Imager stain (TEQA)

NEQAS:
Urine Cytology

ANDROLOGY: UKNEQAS for
Semen Analysis Scheme

Information security:
Accredited by British Standards Institute
ISO/IEC 27001:2013

LINKS TO THE UKAS SCHEDULES OF ACCREDITATION

HSL Blood Sciences (8169)
https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/8169%20Medical%20Single.pdf

HSL Infection Sciences (8860)
https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/8860%20Medical%20Single.pdf

HSL Molecular Pathology and Genetics (8059)
https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/8059%20Medical%20Single.pdf

TDL Manchester (8812)
https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/8812%20Medical%20Multiple.pdf

TDL Andrology (10199)
https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/10199%20Medical%20Single.pdf

HSL Cytology (8511)
https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/8511%20Medical%20Single.pdf

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Quality assurance

MEASUREMENT UNCERTAINTY

Medical laboratories are responsible for ensuring that test results are fit for clinical application by defining analytical performance goals and selecting appropriate measurement procedures. All types of measurement have some inaccuracy due to bias and imprecision; therefore measurement results can only be estimates of the values of the quantities being measured. To properly use such results, medical laboratories and their clinical users need some knowledge of the accuracy of such estimates.

The complete result of a measurement is a value, a unit and an estimate of uncertainty. This estimate of uncertainty is conventionally referred to as Measurement Uncertainty (MU) and incorporates the cumulative range of factors involved in the testing procedure itself in addition to consideration of the inter-individual and intra-individual biological variation which will potentially influence the overall test result. Evaluating measurement uncertainty is an ISO 15189:2012 accreditation requirement.

In terms of MU determined by the TDL/HSL group of laboratories, it should be noted all assays are performed in strict accordance with the manufacturers' instructions. MU, which has been estimated for each assay during the verification procedure, is reviewed at regular intervals to ensure that MU values do not exceed the pre-defined maximum allowable uncertainty for each assay. Overall assay performance is also regularly monitored through internal quality control (IQC) and external quality assessment (EQA) schemes and incorporated in test result interpretation. MU for individual assays is available upon request.

SAMPLE REJECTION CRITERIA

Sometimes tests cannot be performed in the laboratory if samples fall short of the quality, volume or other eligibility criteria. In these cases, the laboratory may need to reject the samples, and not carry out processing. Sometimes the laboratory is able to rectify a situation – and although turnaround times may be affected, it avoids having to arrange for samples to be taken again.

Summary List for Sample Rejection

- Incorrect sample types received:
  - *Basic incorrect blood tube/other sample.*
  - *Samples without the appropriate preservative (e.g. acidified urine samples).*
  - *Samples that are received ambient, when a frozen sample is required.*
  - *Samples that are received unprotected from light, when they are required to be covered at the point of venepuncture.*
- Samples in incorrect containers (e.g. cervical cytology must be a ThinPrep vial; urine cytology must be in a uricyte container).
- Insufficient sample received.
- No sample received.
- Labelling or form issues (mislabelled/unlabelled/no forms/no clinical information).
- Clotted/haemolysed/lipaemic/icteric samples.
- Sample is broken or has leaked in transit.
- Stability time has been exceeded. Stability time is test dependant, and also refers to tests that can only be carried out on certain days of the week.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Quality assurance

- Sample contamination (e.g. being in the same bag as a leaking sample).
- Samples are high risk or infectious.
- Samples that are received in expired tubes.

Department Specific

- Sample Reception will not accept samples packaged with needles of any kind.
- Haematology cannot accept frozen whole blood for testing.
- Coagulation cannot accept over or under filled samples for testing.
- Coagulation cannot accept previously frozen samples that have thawed in transit.
- Biochemistry cannot accept previously frozen samples that have thawed in transit.
- Biochemistry cannot accept samples that display antibody interference.
- Biochemistry cannot accept samples that have had separation delays/un-centrifuged samples that have been stored in the fridge.
- Biochemistry cannot accept paraprotein resulting in viscous samples.
- Biochemistry cannot accept CSF protein that is blood stained.
- Immunology cannot accept TBQ kits that:
  - *Do not contain all of the appropriate tubes.*
  - *Are incubated for more than the specified 16 hours.*
  - *Have passed the incubation time period.*
  - *Are over or under filled.*
- Microbiology cannot accept samples in non-sterile containers or in formalin.
- Referrals cannot accept samples without three points of identification for DRP testing.
- Referrals cannot accept samples that are not labelled by hand for blood group testing.
- Molecular Pathology cannot accept samples for Haemophilia testing without informed consent.
- Cervical Cytology cannot accept over or under filled samples for testing.
- Cervical Cytology cannot accept samples received within three months of the previous test in order to allow epithelial cells to regenerate.
- Urine cytology cannot accept delayed samples unless they have been refrigerated.

Samples deemed to be PRECIOUS (e.g. CSF, fluid, tissue, bone marrow and paediatric samples) will not be discarded by the laboratory. Results will include a comment relating to the condition of the sample (e.g. sample unlabelled).

Quality assurance

CONSULTANT ADVICE AND OPINION

Each department in the laboratory is consultant led. For doctors wanting clinical advice or professional support, TDL consultants can be contacted via the laboratory. Contact the consultant Haematologist to make arrangements for venesections for Haemochromatosis and polycythaemia.

TDL MEDICAL CONSULTANTS

GROUP MEDICAL DIRECTOR

Dr Rachael Liebmann
BSc Hons, MB, BCh, BAO, FRCPath
FAcadMed, SFFMLM

HAEMATOLOGY/ BLOOD TRANFUSION

Professor Marie Scully
MRCP, FRCPath

Dr John Paul Westwood
MD FRCPath

Dr Adrian Bloor
FRCP, FRCPath

Dr Clare Barnes
MRCP, FRCPath

Dr Vivienne Andrews
FRCPath

ANDROLOGY

Dr Sheryl Homa
PhD ARCS FIBMS

BIOCHEMISTRY

Dr Paul Holloway
FRCPath

Dr Anne Tarn
FRCPath

Dr Denise Darby
MRCP, FRCPath

Professor Carel le Roux
FRCPath

Dr Gilbert Weiringa
PhD MRCPath

Dr Frank Geoghan
MRCPath

MICROBIOLOGY

Dr Robin Smith
FRCPath

Dr Sophie Collier
FRCPath

IMC

Dr Vanya Gant
FRCPath

Dr Michael Kidd
FRCPath

Dr Damien Mack
FRCPath

Dr Indran Balakrishnan
FRCPath

Dr Simon Warren
FRCPath

Dr Stephen Mepham
FRCPath

Dr Johnathan Lambourne
FRCPath

Dr Emanuel Wey
FRCPath

Dr Edward Kaczmarski
FRCPath

FLOW CYTOMETRY

Dr Raj Gupta
MRCP, FRCP, FRCPath

Dr Geraldine Soosay
FRCPath

IMMUNOLOGY

Dr Scott Pereira
FRCPath

Professor Suranjith Seneviratne
DPhil (Oxon) FRCP, FRCPath

VIROLOGY

Dr Mark Atkins
FRCPath

CYTOLOGY

Dr Mary Falzon
MRCS, LRCP, FRCPath

Dr Rachael Liebmann
BSc Hons, MB, BCh, BAO, FRCPath
FAcadMed, SFFMLM

Dr Geraldine Soosay
FRCPath

GENETICS: MOLECULAR/ CYTOGENETICS

Professor Michael Patton
FRCP, FRCPCH
Consultant Clinical Geneticist

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Special instructions for samples

1 Contact the laboratory for special sample tubes/ containers/instructions.

2 Confirmation of not negative drug screens by GCMS may take up to 5 days.

3 Clinical history essential and protect from light.

4 Send to the laboratory without delay.

5 Do not send sample to the laboratory between Friday noon and Monday morning.

6 Contact the Referrals Department before taking and sending sample to the laboratory.

7 Sample should be separated and frozen if sending overnight.

8 DRP Form required. DRP Form can be found at the back of the guide.

9 Clinical history must be provided.

10 Contact the laboratory for special stability tubes for lymphocyte subsets – or take an EDTA sample and ensure same day delivery to the laboratory, Monday to Friday noon (do not send sample between Friday noon and Monday morning).

11 Patient consent required. Consent Form can be found at the back of this guide.

12 Please provide one sample for each person being tested.

13 Protect from light.

14 Provide details of travel history.

15 Ammonia
Sample: EDTA plasma only. Full tubes and tightly stoppered. On ice, centrifuged and analysed 20-30 mins post venepuncture (or plasma can be frozen). If haemolysed gives falsely high results.
Patient: Fasting. Avoid smoking.

16 Lactate
Sample: Fluoride oxalate plasma only.
On ice and separate from cells 15-30 mins, analyse promptly. Handle with care as sweat contains large amounts of lactate. No tourniquet.
Patient: Rest 30 mins prior to test.

17 Homocysteine
Should be spun and separated with 1 hour of venepuncture.

18 Citrate Samples
Samples should be double spun and separated and frozen within 4-8 hours of sample taking, if a delay is expected with transportation to the laboratory, samples must be transported as frozen.

19 Must include patient's age, height and weight.

20 Sample types: FCRU or PCR swab or TPV or Semen.

21 Urine cytology container, ideally first catch, mid-morning specimen.

22 Must be fresh.

30 Collect sample at end of exposure.

33 Sample must be labelled by hand with first name, family name, gender and date of birth detailed on sample and form. Do not use labels other than the tube label.

34 Samples must arrive in the laboratory on the same day of sample taking or contact the laboratory.

35 Patient should be fasting and resting for 30 mins before sample taking. Samples need handling urgently.

36 Renin: Sample collected either upright/active or resting/supine (3 hours lying).

37 Provide sample time and date of collection.

38 EDTA sample should not be separated: send whole blood.

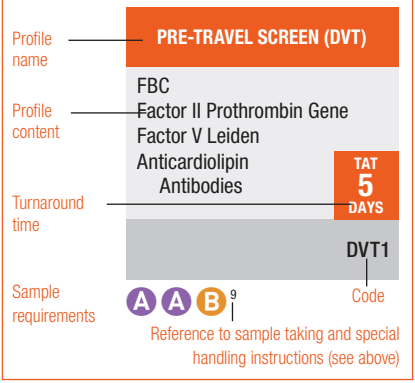
39 Urgent samples have a 3 day TAT if genotype is required for prenatal diagnosis or two weeks TAT if urgent for other factors.

40 Informed Consent is required for these tests.

41 Recommendation for patient to attend Patient Reception for sample taking.

42 LGV can be added to a positive chlamydia sample using the same swab if requested within 4 days of receipt of result.

Example of profile panel information



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TDL Screening Profiles DL1–DL12

DL1 BIOCHEMISTRY PROFILE

Urea and Electrolytes
Sodium, Potassium, Chloride, Bicarbonate, Urea, Creatinine, eGFR
Liver Function Tests
Bilirubin, Alk Phos, AST, ALT, Gamma GT, Total Protein, Albumin, Globulin
Cardiac/Muscle Enzymes
LDH, CK
Bone Markers
Calcium, Phosphate, Uric Acid

Glucose
Triglycerides
Cholesterol
Iron
Total Iron Binding

TAT 4 HOURS

DL1

DL1L *plus HDL Cholesterol, LDL Cholesterol, Non-HDL Cholesterol*

B G

DL2 BIOCHEMISTRY (24 PARAMETERS) & HAEMATOLOGY PROFILE

HAEMATOLOGY
FBC with 5-part Diff
ESR

BIOCHEMISTRY
Urea and Electrolytes
Sodium, Potassium, Chloride, Bicarbonate, Urea, Creatinine, eGFR
Liver Function Tests
Bilirubin, Alk Phos, AST, ALT, Gamma GT, Total Protein, Albumin, Globulin
Cardiac/Muscle Enzymes
LDH, CK
Bone Markers
Calcium, Phosphate, Uric Acid

Glucose
Triglycerides
Cholesterol
Iron/TIBC

TAT 4 HOURS

DL2

DL2L *plus HDL Cholesterol, LDL Cholesterol, Non-HDL Cholesterol*

A B G

DL3 HAEMATOLOGY PROFILE

FBC with 5-part Diff
ESR

TAT 4 HOURS

DL3

A

DL4 BIOCHEMISTRY (16 PARAMETERS) & HAEMATOLOGY PROFILE

HAEMATOLOGY
FBC with 5-part Diff
ESR

BIOCHEMISTRY
Renal Function
Urea, Creatinine, eGFR
Liver Function Tests
Bilirubin, Alk Phos, AST, ALT, Gamma GT, Total Protein, Albumin, Globulin
Bone Markers
Calcium, Phosphate, Uric Acid

Glucose
Triglycerides
Cholesterol

TAT 4 HOURS

DL4

DL4L *plus HDL Cholesterol, LDL Cholesterol, Non-HDL Cholesterol*

A B G

DL5 BIOCHEMISTRY & HAEMATOLOGY POSTAL PROFILE

As DL4

DL5/DL5L do not include ESR and Phosphate as these results may be more affected by overnight transit times.

TAT 4 HOURS

DL5

DL5L *plus HDL Cholesterol, LDL Cholesterol, Non-HDL Cholesterol*

A B G

DL6 GENERAL WELL PERSON PROFILE

DL2
FT4/TSH
Ferritin

TAT 4 HOURS

DL6

DL6L *plus HDL Cholesterol, LDL Cholesterol, Non-HDL Cholesterol*

A B G

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

TDL Screening Profiles DL1–DL12

DL7 WELL MAN PROFILE

DL2
FT4/TSH
Ferritin
Prostate Profile

TAT 4 HOURS

DL7

DL7L *plus HDL Cholesterol LDL Cholesterol Non-HDL Cholesterol*

A B G

DL8 WELL PERSON PROFILE

DL2
FT4/TSH
Ferritin
Vitamin D

TAT 4 HOURS

DL8

DL8L *plus HDL Cholesterol LDL Cholesterol Non-HDL Cholesterol*

A B G

DL9M SENIOR MALE PROFILE 60+

DL2
HDL/LDL Cholesterol
HbA1C
FT4/TSH
Prostate Profile
CRP
hsCRP
QFIT
MSU
Vitamin D (25 OH)
Lp-PLA2 (PLAC) Test

TAT 2 DAYS

DL9M

A B B G RU RF [4]

DL9F SENIOR FEMALE PROFILE 60+

DL2
HDL/LDL Cholesterol
HbA1C
FT4/TSH
CRP
hsCRP
QFIT
MSU
Vitamin D (25 OH)
HE4
Lp-PLA2 (PLAC) Test

TAT 2 DAYS

DL9F

A B B G RU RF [4]

DL10 CARDIOVASCULAR RISK PROFILE 1

Cholesterol
Triglycerides
HDL Cholesterol
LDL Cholesterol
Non-HDL Cholesterol
Apolipoprotein A
Apolipoprotein B
Lipoprotein (a)
hsCRP
Lp-PLA2 (PLAC) Test

TAT 3 DAYS

DL10

B B

DL11 CARDIOVASCULAR RISK PROFILE 2

Cholesterol
Triglycerides
HDL Cholesterol
LDL Cholesterol
Non-HDL Cholesterol
Apolipoprotein A
Apolipoprotein B
Lipoprotein (a)
Fibrinogen
hsCRP
Lp-PLA2 (PLAC) Test
Homocysteine

TAT 3 DAYS

DL11

B B B C [34]

DL12 7 STI PROFILE BY PCR (7 PCR TESTS FROM 1 SAMPLE)

Chlamydia trachomatis
N. gonorrhoea
Mycoplasma genitalium
Macrolide Resistance Test (M.gen)*
Ureaplasma
Trichomonas vaginalis
Gardnerella vaginalis
Herpes Simplex I/II

included if **POSITIVE M.gen is detected from the same sample*

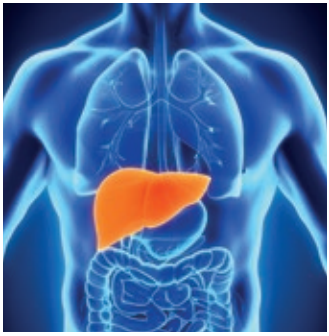
TAT 2 DAYS

DL12

FCRU OR PCR Swab OR TPV OR Semen

Key: See page 19 for sample taking and special handling instructions.

Enhanced Liver Fibrosis (ELF) Test



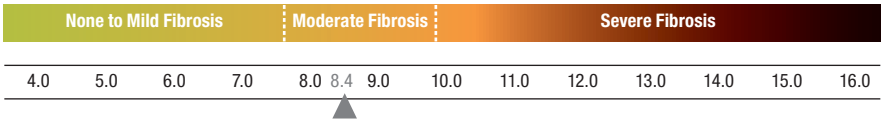
ELF stands for Enhanced Liver Fibrosis. The ELF™ Blood Test is a routine blood test used to assess the severity of liver fibrosis. Liver fibrosis is the scarring process that represents the liver's response to injury or disease. Chronic liver disease can lead to liver fibrosis, liver cancer and death. Cirrhosis and liver cancer are now among the top ten causes of death worldwide, and in many developed countries, liver disease is now one of the top 5 causes of death in middle age. There are three main causes of fibrosis:

- Fatty liver disease associated with obesity
- Viral hepatitis B and C
- Type 2 Diabetes/Metabolic Syndrome
- Alcohol Abuse

The ELF Blood Test combines three serum biomarkers, which, when correlated, are able to identify a quantifiable level of liver fibrosis. The extent of liver damage is determined by a score based on the measurement of three substances:

- Hyaluronic acid (HA)
- Procollagen III amino terminal peptide (PIIINP)
- Tissue inhibitor of metalloproteinase 1 (TIMP-1)

The algorithm of these three markers creates an ELF Score. This ELF score has been proven to correlate to the level of fibrosis assessed by liver biopsy. The spectrum of liver disease can range from simple steatosis, to cirrhosis and may be present for many years in the absence of abnormal liver function tests – mild to moderate liver fibrosis can exist without symptoms, which in itself supports its use for early detection and assessment.



Use the ELF test as an aid in the diagnosis and assessment of the severity of liver fibrosis in patients with signs and symptoms of chronic liver disease.

This test offers the following benefits:

- Identification of early or significant liver disease.
- Allows for cost effective screening test and subsequent review/follow-up response to treatment
- Minimally-invasive routine serum sample vs invasive biopsy
- Mathematical algorithm to assess extent of liver damage

Interpretation of results
Interpretation of the ELF score is as follows:

< 7.7	None to mild
≥ 7.7 to <9.8	Moderate
≥ 9.8	Severe

NICE Guidelines

NICE (July 2016) recommends the use of the ELF test to screen and/or monitor advanced liver fibrosis in people diagnosed with Non Alcoholic Fatty Liver Disease (NAFLD). Risk factors for NAFLD, one of the most common types of liver disease, are high and this group of patients is a primary care challenge. Primary NAFLD is a condition where there is an excess of fat in the liver, not caused by excessive alcohol or secondary causes. NAFLD has become the most chronic liver disease in children and young people in industrialised countries, mainly as a result of obesity. There is no licensed treatment for NAFLD; early diagnosis and management are therefore important at all ages.

Link to NICE Guidelines: https://www.nice.org.uk/guidance/ng49/chapter/recommendations

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Biochemistry

TEST	CODE	SAMPLE REQS	TAT
5 HIAA	RU5H	**PU**[1]	5 days
5' Nucleotidase	5NT	B	5 days
6-Thioguanine Nucleotides	TGN	A A	2 weeks
21 Hydroxylase Ab's	21HA	B (Frozen)	10 days
Acetylcholine Receptor Autoantibodies	ACRA	B[4]	5 days
Acetylcholinesterase Isoenzymes	ACEI	**AF**	7 days
Acid Phosphatase – Total	APT	B	5 days
Adenosine Deaminase	AD	A / B **/Fluid**	3 weeks
Adiponectin	ADIP	B	2 weeks
Albumin	ALB	B	4 hours
Alcohol (Legal) Police Blood Sample	LALC	**Police Sample**	3 weeks
Alcohol (Medical) [Do not use alcohol swab prior to sample taking]	ALCO	G[1]	4 hours
Alcohol (Urine)	UALC	**RU**	4 hours
Aldolase	ALDO	B	5 days
Alk Phosphatase Isoenzymes	APIE	B	5 days
Alkaline Phosphatase	ALP	B	4 hours
Alpha 1 Antitrypsin (Serum)	A1AT	B	1 day
Alpha 1 Antitrypsin (Stool)	A1AF	**RF**	10 days
Alpha 1 Antitrypsin Genotype – PI*M, PI*S, PI*Z	GENE	A[9]	4 weeks
Alpha 1 Glycoprotein	OROS	B	5 days
Alpha 1 Microglobulin	A1MG	**RU**[1,22]	10 days
Alpha 2 Macroglobulins	A2MG	B	5 days
Alpha Feto Protein (Maternal)	AFPM	B	4 hours
ALT (Alanine Aminotransferase) (SGPT)	ALT	B	4 hours
Aluminium	ALUM	K	7 days
Amino Acid (Serum/Plasma)	AMIN	B	7 days
Amino Acid Quantitative (Urine)	UAAQ	**RU**	7 days
Amino-Laevulinic Acid (Urine)	RUAL	100mls **PU**	5 days
Ammonia	AMMO	A (Frozen)[15]	4 hours
Amylase	AMY	B	4 hours
Amylase (Urine)	UAMY	**CU**	4 hours
Amylase Isoenzymes	AMYI	B	5 days
Amyloidosis (Amyloid A Protein)	SAA	B	5 days
Androstanediolglucoronide	ANDG	B	3 weeks
Angiotensin II	ANG2	A (Frozen)	2 weeks
Angiotensin Converting Enzyme	ACE	B	4 hours
Angiotensin Converting Enzyme – CSF	ACEF	**CSF** (Frozen)	2 weeks
Antimony (Urine)	ANTI	**RU**[30]	10 days
Antimullerian Hormone (AMH Plus)	AMH	B	4 hours
AP50 Alternative Hemolytic Complement	AP50	B (Frozen)	2 weeks
Apolipoprotein A1 (12 hours fasting)	APOA	B	3 days
Apolipoprotein B (12 hours fasting)	APOB	B	3 days

Biochemistry

TEST	CODE	SAMPLE REQS	TAT
Apolipoprotein C (12 hours fasting)	APOC	B	3 months
Apolipoprotein E (12 hours fasting)	APOE	B (fasting)	5 days
Arsenic (Blood)	ARS	A or H	5 days
Arsenic (Urine)	ARSE	**RU**[30]	5 days
Arylsulphatase A	ARYL	H[5,6]	8 weeks
Aspartate Transaminase (AST) (SGOT)	AST	B	4 hours
Bence-Jones Protein	RBJP	1x30mls (**RU**)	5 days
Beta 2 Microglobulin (Serum)	B2MG	B	2 days
Beta 2 Microglobulin (Urine)	UB2M	**RU**	3 days
Beta-Glucuronidase (Sly Disease)	BGLU	H H[9,4]	8 weeks
Bicarbonate	HCO3	B	4 hours
Bile Acids – Serum	BILE	B	4 hours
Bilirubin (Direct/Indirect)	DBIL	B	4 hours
Bilirubin (Total)	BILI	B	4 hours
Bilirubin (Urine)	UBIL	**RU**	1 day
Biotinidase	BIOT	H (Frozen plasma)[4]	3 weeks
Bismuth	BISM	B	5 days
BNP (NT-pro BNP)	BNP	B	4 hours
Bone Alkaline Phosphatase	BALP	B (Frozen)	2 weeks
Bone Screen	BONE	B **CU**	4 hours
Bone Screen (Bloods only)	BON2	B	4 hours
BUN (Blood Urea Nitrogen)	BUN	B	4 hours
C Reactive Protein	CRP	B	4 hours
C Reactive Protein (High Sensitivity)	HCRP	B	4 hours
C1 Esterase: Function & Total	FC1E	C C (Plasma Frozen)[4,18]	10 days
C1q Binding Immune Complex	IMCP	B	5 days
Cadmium (Blood)	CADM	A or H	5 days
Cadmium (Urine)	URCD	**RU**[30]	5 days
Calcium	CA	B	4 hours
Calcium (24 hr Urine)	UCA	**PU**	4 hours
Calcium/Creatinine Ratio	CACR	**RU** B	4 hours
Carbohydrate Deficient Glycoprotein	CDG	B	2 weeks
Carbohydrate Deficient Transferrin (CDT)	CDT	B[4]	3 days
Cardiac Enzymes (not chest pain)	CENZ	B	4 hours
Cardiovascular Risk Profile 1	PP10	B B	3 days
Cardiovascular Risk Profile 2	PP11	B B B C[34]	3 days
Carnitine – Free & Total	CARN	H H (Frozen Plasma)	10 days
Ceruloplasmin	CERU	B	1 day
Chest Pain Profile	CPP	B	STAT
Chloride	CL	B	4 hours
Cholesterol	CHO	B	4 hours
Cholesterol (Familial Hypercholesterolaemia)			See Genetics section, page 108
Cholinesterase (Blood)	CHRC	H	5 days

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Biochemistry

TEST	CODE	SAMPLE REQS	TAT
Cholinesterase (Serum/Pseudo)	CHPS	B	4 hours
Chromium (Blood)	CHRO	A	5 days
Chromium (Urine)	URCR	**RU**[30]	10 days
Chromogranin A	CGA	B	5 days
Chromogranin A & B	MTAB	**J**[1]	3 weeks
Citrate (Blood)	CITR	B	5 days
Citrate (Urine)	UCIT	**CU** (Frozen)	5 days
CK (MB Fraction)	CKMB	B	4 hours
CK Isoenzymes	CKIE	B	5 days
Cobalt (Blood)	COB	A	5 days
Cobalt (Serum)	COBB	B	5 days
Cobalt (Urine)	COBA	**RU**[30]	5 days
Coenzyme Q10	CQ10	B	2 weeks
Cold Agglutinin	CAGG	**J**[1]	5 days
Collagen (Type I, II, IV) Antibodies	COAB	B	10 days
Collagen Type 1 Cross-Linked N-Telopeptide – NTX	NTX	**2nd EMU**	2 weeks
Complement C1q	C1Q	B	5 days
Complement C2	C2	B	10 days
Complement C5	C5A	B	2 weeks
Complement C6	C6	B (Frozen)*	5 weeks
Complement C7	C7	B (Frozen)*	5 weeks
Complement C8	C8	B (Frozen)*	5 weeks
Complement C9	C9	B (Frozen)*	5 weeks
Complement Factor H	FACH	B	3 weeks
Copper (Serum)	COPP	B	5 days
Copper (Urine)	URCU	**CU**	5 days
Cortisol Binding Globulin	CBG	B (Frozen)	1 month
Creatine Kinase (CK, CPK)	CKNA	B	4 hours
Creatinine	CREA	B	4 hours
Creatinine (Urine)	UCR	**CU**	4 hours
Creatinine Clearance	CRCL	B **CU**	4 hours
Crosslaps (Serum DPD)	SDPD	B (Freeze within 24 hours)	4 days
Cyclic Amp (Urine)	CAMP	**CU** (Frozen)	5 days
Cyclosporin (Monoclonal)	CYCL	A	1 day
Cystatin C	CYCC	B	5 days
Cystine – Quantitative (Beta-CTX)	QCYS	**PU**	5 days
Deoxypyridinoline (DPD) – Serum	SDPD	B (Freeze within 24 hours)	4 days
Deoxypyridinoline (DPD) – Urine	DPD	**EMU**	4 days
Diabetic Profile 1	DIAB	A G	8 hours
Diabetic Profile 2	DIA2	A G **RU**	2 days
Electrolytes (Urine)	UELE	**CU**	4 hours

* Separate and freeze within 2 hours after collection.

Key: See page 19 for sample taking and special handling instructions.

Biochemistry

TEST	CODE	SAMPLE REQS	TAT
Electrolytes	ELEC	B	4 hours
ELF/Enhanced Liver Fibrosis	ELF	B	5-7 days
Eosinophil Cationic Protein	ECP	B	7 days
Faecal Fat (1 Day Collection)	TFFA	**LF**[6]	5 days
Faecal Fat (3 day)	FFAT	**LF**[6]	5 days
Faecal Lactoferrin	FLAC	**RF**	5 days
Faecal Sugar Chromatography	FCRO	**RF** (Frozen)	3 weeks
Faecal Urobilinogen	FURO	**RF**	5 days
Fat Globules in Faeces	FGLO	**RF**	1 week
Ferritin	FERR	B	4 hours
Fibrotest (Liver Fibrosis)	FIBT	B	2 weeks
Fluoride (Urine)	UFL	**RU**	5 days
Folate (Red Cell)	RBCF	A	2 days
Folate (Serum)	FOLA	B	1 day
Free Fatty Acids	FFA	B (Frozen)[1]	10 days
Fructosamine	FRUC	B	3 days
Fructose – Plasma	FRU	G[7] (Frozen)	5 days
Galactose-1-Phosphate Uridyltransferase	GAL1	H[5,6]	2 weeks
Galactosidase – Alpha*	GALA	**J**	6 weeks
Gall Stone Analysis	RSTA	**STONE**	10 days
Gamma GT	GGT	B	4 hours
Gastrin	GAST	B (Frozen)	5 days
Globulin	GLOB	B	4 hours
Glucagon	GLUG	**J**[1]	10 days
Glucose	RBG	G	4 hours
Glucose Tolerance Test see page 125			
Haemochromatosis – HFE common mutations C282Y+H63D	HMD	A[9]	3 days
Haemosiderin (Urine)	HSID	**EMU**	2 weeks
Haptoglobin	HAPT	B	5 days
HbA1c	GHB	A	6 hours
HDL Cholesterol	HDL	B	4 hours
HDL2 & HDL3 Fractions	HDLF	B	3 weeks
Homocysteine (Quantitative)	HOMO	B[17]	1 day
Homocysteine (Urine)	HCYS	**CU**	2 weeks
Homovanillic Acid (HVA)	HVA	**PU**	5 days
Hyaluronic Acid	AHT	B	1 week
Hydroxybutyrate Dehydrogenase	HBD	B (Frozen)	1 week
Hydroxyprolene	UHYD	**CU**	2 weeks
IgG Subclasses	IGSC	B	4 days
Immunoglobulin A	IGA	B	4 hours

* Sample must reach TDL Referrals Dept. urgently, to be tested within 24 hours of collection. Monday–Thursday only. Referrals to send immediately

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Biochemistry

TEST	CODE	SAMPLE REQS	TAT
Immunoglobulin D	IGD	B	5 days
Immunoglobulin E – Total	IGE	B	1 day
Immunoglobulin G	IGG	B	4 hours
Immunoglobulin M	IGM	B	4 hours
Immunoglobulins (IgG, IgM, IgA)	IMM	B	4 hours
Insulin-Like Growth Factor 2	IGF2	B[6]	1 month
Iodide – Urine	UIOD	**RU**	1 week
Iodine – Serum	IODI	B	1 week
Ionised Calcium	ICPA	B	5 days
Iron (TIBC included)	FE	B	4 hours
Iron Overload Profile	IOP	A A B[9]	3 days
Iron Status Profile	ISP	B	4 hours
Lactate (Plasma)	LACT	G[16]	1 day
Lactate Dehydrogenase (LDH)	LDH	B	4 hours
Lactate Pyurvate Ratio	LPR	**J**[1]	4-6 weeks
Lactose Tolerance Test see page 125			
LDH Isoenzymes	ISOL	B	5 days
LDL7 Subfractions	LDL7	B	10 days
Lead (Blood)	LEAD	A	5 days
Lead (Urine)	URPB	**RU**	5 days
Leptin	LEPT	B[19]	5 days
Leucine Amino Peptidase	LAP	B	5 days
Lipase	LIPA	B	4 hours
Lipid Profile	LIPP	B	4 hours
Lipoprotein (a)	LPOA	B	4 hours
Lipoprotein Electrophoresis	LEL	B	5 days
Lithium (take 12 hours after dose)	LITH	B	4 hours
Liver Fibrosis (Enhanced Liver Fibrosis ELF)	ELF	B	5-7 days
Liver Fibrosis Fibrotest	FIBT	B	2 weeks
Liver Function Tests	LFT	B	4 hours
Lp-PLA2 (PLAC) Test	PLA2	B	2 days
Lysosomal Enzyme Screen	LE	H H[6]	2 months
Lysozyme	LYSO	B	5 days
Magnesium (Serum)	MG	B	4 hours
Magnesium (Urine)	URMG	**PU**	1 day
Manganese (Serum)	MANG	B	5 days
Mannose Binding Lectin	MBL	B	3 weeks
Mercury (Blood)	MERC	A or H	5 days
Mercury (Urine)	URHG	**RU**[1]	5 days
Methaemoglobin	METH	A	3 days
Methaqualone	METQ	**RU**	5 days
Methylmalonic Acid – Serum	MMAS	B	5 days
Methylmalonic Acid – Urine	MMA	**CU**	2 weeks
Microalbumin (Urine)	UMA	**RU**	4 hours

Key: See page 19 for sample taking and special handling instructions.

Biochemistry

TEST	CODE	SAMPLE REQS	TAT
Mucopolysaccharides	MPS	**RU** (Frozen)	3 weeks
Myeloma Screen	MYEL	A B G **RU**	5 days
Myoglobin (Serum)	SMYO	B	4 hours
Myoglobin (Urine)	UMYO	**RU**	5-10 days
Newborn Screening Panel	GUTH	**J**[1]	2 weeks
Nickel (Serum)	NICK	B	5 days
Nickel (Urine)	NICU	**RU**	5 days
NMP22 (Bladder tumour)	NMP	**J**[1]	4 days
Oligosaccharides	UOLI	**RU**	6 weeks
Orosomucoid (A1AG – Alpha 1 Glycoprotein)	OROS	B	5 days
Osmolality (Serum)	OSMO	B	1 day
Osmolality (Urine)	ROSM	**RU**	1 day
Osteoporosis Screen	OPS	B B	4 days
Oxalate (Plasma)	POXA	A (Frozen)	7 days
Oxalate (Urine)	UOXA	**PU**	5 days
Pancreatic Peptide	PP	**J**	4 weeks
Parathyroid Related Peptide	PTRP	**J**[1]	2 weeks
PEth (Phosphatidylethanol)	PETH	A[38]	5-7 days
Phencyclidine (PCP)	DUST	**RU**	5 days
Phosphate	PHOS	B	4 hours
Phosphate (24 hr Urine)	UPH	**PU**	4 hours
PLAC Test (Lp-PLA2)	PLA2	B	2 days
Plasminogen	PLAS	C (Frozen plasma)[4]	5 days
Plasminogen Activator Inhibitor – 1	PAI1	C (Frozen plasma)	2 weeks
Porphyrin (Blood)	PORP	A[3]	15 days
Porphyrins (Faeces)	FPOR	**RF**[3]	3 weeks
Porphyrins Full Screen (Total:Urine, Stool, Blood)	PORS	A **RU**,**RF**[3]	3 weeks
Porphyrins Screen (Urine)	RPOR	**RU**[3]	3 weeks
Potassium	K	B	4 hours
Pregnancy (Serum) [Quantitative]	QHCG	B	4 hours
Pregnancy Test (Urine)	PREG	**RU**	4 hours
Procalcitonin	PCAL	B (Frozen)[4,7]	1 day
Procollagen 1 Peptide N-Terminal (NTX)	P1NP	B	5 days
Procollagen III Peptide	PRCO	B	5 days
Propoxyphene	DPRO	**RU**	5 days
Prostatic Acid Phosphatase	PACP	B (Frozen)	3 days
Protein (Urine)	UPRT	**CU**	4 hours
Protein 14.3.3 (Creutzfeldt–Jakob Disease)	CJD	**CSF** (Frozen)	5 weeks
Protein Electrophoresis incl. immunoglobin	PRTE	B	2-4 days
Protein Total (Blood)	PROT	B	4 hours
Protein/Creatinine Ratio (Urine)	UCPR	**RU**	4 hours
Renal Calculi Screen (Metabolic)	RSPR	**J**[6]	5 days
Renal Stone Analysis	RSTA	**STONE**	10 days
Retinol Binding Protein	RBP	B	3 days

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Biochemistry

TEST	CODE	SAMPLE REQS	TAT
Salicylates	SALI	B	4 hours
Selenium (Serum)	SELE	B	4 days
Selenium (Whole Blood)	SELR	A or H	4 days
Serum Free Light Chains	SLC	B	1 week
Silver (Blood)	SILV	B	5 days
Silver (Urine)	USIL	**RU**	5 days
Sodium	NA	B	4 hours
Superoxide Dismutase Inhibitor	SODI	A / H	5 days
Thiopurine Methyl Transferase	TPMT	A [5]	5 days
Tissue Polypeptide Antigen	TPA	B	1 week
Total Acid Phosphatase	APT	B	5 days
Total Bile Acid/Bile Salts	BILS	B	1 week
Total IgE	IGE	B	1 day
Transferrin	TRAN	B	1 day
Transferrin Electrophoresis	TREL	B	2 weeks
Triglycerides	TRI	B	4 hours
Trimethylaminuria (Fish Odour Syndrome)	FOS	**PU**	6 weeks
Troponin T (High sensitive)	TROT	B	4 hours
Tryptase	STRY	B	2 days
Tumour Necrosis Factor – Alpha	TNF	B (Frozen) [4]	2 weeks
Urate (Uric acid)	UA	B	4 hours
Urea	UREA	B	4 hours
Urea (Urine)	UURE	**CU**	4 hours
Urea and Electrolytes	U/E	B	4 hours
Urea Electrolytes (Urine)	UELE	**CU**	4 hours
Uric Acid (Serum)	UA	B	4 hours
Uric Acid (Urine)	UURI	**CU**	4 hours
Urine Free Light Chains	UFLC	**RU**	1 week
Urine Organic Acids	UORG	**RU** (Frozen)	3 weeks
Urine Steroid Screen (Steroid Hormones)	USTE	**CU** or **RU** [9]	2 weeks
Urine Sugar Chromatography	UCRO	**RU** (Frozen)	3 weeks
Urobilinogen (Urine)	UURO	**RU**	1 day
Very Long Chain Fatty Acids	VLCF	A or H (Frozen) [9]	4-6 weeks
Vitamin B12 (Active)	B12	B	1 day
Vitamin B12 (Active)/Red Cell Folate	B12F	A B	2 days
Vitamin B12 (Total)	TB12	B	1 day
Vitamin D (25-OH)	VITD	B	4 hours
VLDL Cholesterol	VLDL	B [13]	1 week
VMA	UVMA	**PU** [1]	5 days

Biochemistry

LIPID PROFILE

Triglycerides
Cholesterol
HDL Cholesterol
LDL Cholesterol
Non-HDL Cholesterol

TAT 4 HOURS

LIPP

B

UREA AND ELECTROLYTES

Sodium
Potassium
Chloride
Bicarbonate
Urea
Creatinine

TAT 4 HOURS

U/E

B

LIVER FUNCTION TESTS

Bilirubin
ALT
AST
Total Protein
Alkaline Phos
Albumin
Globulin
Gamma-GT

TAT 4 HOURS

LFT

B

IRON STATUS PROFILE

Iron
Total Iron Binding Capacity
Ferritin
Transferrin Saturation

TAT 4 HOURS

ISP

B

IRON OVERLOAD PROFILE

Iron Status Profile
Haemochromatosis Mutation H63D/C282Y)

TAT 3 DAYS

IOP

A A B [9]

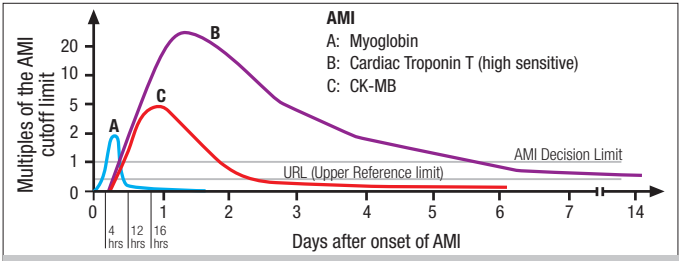
MYELOMA SCREEN

FBC and ESR
Biochemistry Profile
Protein Electrophoresis
Immunoglobulins (IgA, IgG, IgM)
Bence-Jones Protein

TAT 5 DAYS

MYEL

A B G RU



Kinetic Characteristics for Chest Pain Markers

	Beginning	Peak	Duration
Myoglobin	0.5–2 hours	5–12 hours	12–24 hours
Troponin T (hs)	3–4 hours	12–24 hours	14 days
CKMB	3–8 hours	10–18 hours	24–36 hours

Troponin T (high sensitive)

This assay can be used to aid in the differential diagnosis of acute coronary syndrome to identify necrosis, e.g. acute myocardial infarction. As a result of its high tissue-specificity, cardiac troponin T is a cardio-specific, highly sensitive marker for myocardial damage. Cardiac Troponin T (hs) increases approximately 3-4 hours after myocardial infarction and may persist for up to 2 weeks.

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Biochemistry

BONE SCREEN

24 hour urinary calcium
24 hour urinary phosphate
Urea and Electrolytes
Alkaline Phosphatase
Total Protein
Albumin Globulin
Calcium

TAT 4 HOURS

BONE

B CU

BONE SCREEN (BLOODS ONLY)

Urea and Electrolytes
LFT's
Vitamin D (25 OH)
Calcium Phosphate

TAT 4 HOURS

BON2

B

OSTEOPOROSIS SCREEN

Alkaline Phosphatase
Calcium
Albumin
Phosphate
Serum Crosslaps (DPD)
Vitamin D (25 OH)

TAT 4 DAYS

OPS

B B

CARDIOVASCULAR RISK PROFILE 1

Cholesterol
Triglycerides
HDL Cholesterol
LDL Cholesterol
Non-HDL Cholesterol
Apolipoprotein A
Apolipoprotein B
Lipoprotein (a)
hsCRP
Lp-PLA2 (PLAC) Test

TAT 3 DAYS

PP10

B B

CARDIOVASCULAR RISK PROFILE 2

Cholesterol
Triglycerides
HDL Cholesterol
LDL Cholesterol
Non-HDL Cholesterol
Apolipoprotein A
Apolipoprotein B
Lipoprotein (a)
Fibrinogen
hsCRP
Lp-PLA2 (PLAC) Test
Homocysteine

TAT 3 DAYS

PP11

B B B C [34]

CHEST PAIN PROFILE

Myoglobin
CK MB Fraction
Troponin T

STAT

CPP

B

DIABETIC PROFILE 1

Glucose
HbA1c

TAT 8 HOURS

DIAB

A G

DIABETIC PROFILE 2

Glucose
HbA1c
Microalbumin

TAT 2 DAYS

DIA2

A G RU

Key: See page 19 for sample taking and special handling instructions.

Haematology

All citrate samples (C) sent by post or with an overnight delay must be double spun and sent frozen.

TEST	CODE	SAMPLE REQS	TAT
Anaemia Profile	ANAE	(A)(A)(B)	2 days
Antenatal Profile	ANTE	(A)(A)[33](B)(B)(B)(G)	3 days
APTT/KCCT	KCCT	(C)[18]	4 hours
Atypical Antibody Screen (handwritten tube label)	AASC	(A)[22,33]	2 days
Blood Film Examination	FILM	(A)	1 day
Blood Group†	ABO	(A)[22,33]	2 days
Carboxyhaemoglobin	CBHB	(A)	1 week
Coagulation Profile 1	CLPF	(C)[18]	4 hours
Coagulation Profile 2	CLOT	(A)(C)[18]	4 hours
D-Dimers (Fibrinogen Degradation Products)	DDIT	(C)[4]	4 hours
DVT/Pre-travel Screen (see profile)	DVT1	(A)(A)(B)[9]	5 days
ESR	ESR	(A)	4 hours
Fibrinogen	FIB	(C)[4,18]	4 hours
Full Blood Count	FBC	(A)	4 hours
Haematology Profile	PP3	(A)	4 hours
Haemoglobin	HB	(A)	4 hours
Immune Function Evaluation (Total)	TIE	(A) or **Chex**+(B)[5,10]	7 days
INR	PTIM	(C)[18]	4 hours
Lymphocyte Subsets (CD3/CD4/CD8)	LYSS	(A)[10]/**Chex**	1 day
Malarial Parasites	MALP	(A)[4,9,14]	STAT
Mean Cell Volume (MCV)	MCV	(A)	4 hours
Microfilaria Blood Film	MICF	(A)	STAT
Natural Killer Profile 2	NKP2	(A)	2 days
PAI1 4G/5G Polymorphism	PAIP	(A)	10 days
Paul Bunnell (Monospot)	PAUL	(A) or (B)	8 hours
Pre-Travel Screen (DVT)	DVT1	(A)(A)(B)[9]	5 days
Prothrombin Time	PTIM	(C)[18]	4 hours
Prothrombin Time + Dose	PT+D	(C)[18]	4 hours
Reticulocyte Count	RETC	(A)	4 hours
Thrombin Time	THRO	(C)[18]	4 hours
Vitamin K (With PIVKA II)	VITK	(B)[13]	10 days

† The tube's own label must be completed by hand. This must correspond with same name and date of birth details as given on the request form. Do not affix additional computerised or hand written labels.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Haematology

SPECIAL HAEMOSTASIS

TEST	CODE	SAMPLE REQS	TAT
Activated Protein C Resistance	APCR	C (Frozen)[4,18]	3 days
ADAMTS – 13 Activity Assay	CP13	C (Frozen)[4,18]	3 days
Antithrombin III	A111	C (Frozen)[4,9,18]	3 days
Factor II Assay	FAC2	C (Frozen)[9,18]	5 days
Factor II Prothrombin Gene	FX2	A[9]	5 days
Factor V Assay	FAC5	C (Frozen)[9,18]	5 days
Factor V Leiden	FX5	A[9]	5 days
Factor VII Assay	FAC7	C (Frozen)[9,18]	5 days
Factor VIII Assay	FAC8	C (Frozen)[9,18]	5 days
Factor VIII Inhibiting Antibody	F8IA	C C[18]	2 weeks
Factor IX Assay	F1X	C (Frozen)[9,18]	5 days
Factor IX Inhibiting Antibody	F9IA	C C[18]	2 weeks
Factor X Assay	FX	C (Frozen)[9,18]	5 days
Factor Xa (Heparin)	FXA	C (Frozen)	5 days
Factor XI Assay	FX1	C (Frozen)[9,18]	5 days
Factor XII Assay	FX11	C (Frozen)[9,18]	5 days
Factor XIII Assay	FA13	C (Frozen)[9,18]	5 days
Hughes Syndrome	LUPA	B C[4,18]	2 days
Lupus Anticoagulant and Anticardiolipin Abs	LUPA	B C[4,18]	2 days
Lupus Anticoagulant only	LUPC	C[18]	2 days
Miscarriage/Thrombotic Risk Profile	PROP	A A B C C C[18]	5 days
Plasma Viscosity	VISC	A[4]	3 days
Platelet Aggregation Studies	PLAG	J[5,6]	3 days
Protein C	PRC	C (Frozen)[4,9,18]	3 days
Protein S Free Ag	FPRS	C (Frozen)[4,9,18]	3 days
Taipan Snake Venom Time	TTVT	C[18]	1 week
Thrombotic Risk Profile	PROP	A A B C C C[18]	5 days
Viscosity (Plasma)	VISC	A[4]	3 days
Von Willebrand Profile	FVWF	C C C[4,12]	5 days
Von Willebrands Multimers	VWM	C C C[18]	3 months

Key: See page 19 for sample taking and special handling instructions.

Haematology

SPECIAL HAEMATOLOGY

TEST	CODE	SAMPLE REQS	TAT
Coombs (Direct Antiglobulin Test)	COOM	A	2 days
Erythropoietin	ERY	B	4 days
G6PD	G6PD	A	3 days
Haemoglobin Electrophoresis	HBEL	A	4 days
HFE gene (Haemochromatosis) – common mutations C282Y + H63D	HMD	A[9]	3 days
Sickle Solubility	SICK	A	4 days
Thalassaemia Screen	HBEL	A	4 days

FLOW CYTOMETRY

TEST	CODE	SAMPLE REQS	TAT
Bone Marrow (Aspirate)	BMAS	**J**[1]	14 days
Bone Marrow (Trephine Biopsy)	BMI	**J**[1]	3 days
CD3/CD4/CD8	LYSS	A[10]/**Chex**	1 day
CD19 B Cells	CD19	A[4]	1 day
CD16	CD16	A[4]	1 day
CD20	CD20	A[10]/**Chex**	2 days
CD25	CD25	A[10]/**Chex**	2 days
CD56	CD56	A[4]	1 day
CD57	CD57	A	1 day
Hams Test for PNH (CD59)	HAMS	**J**[3,4,5]	5 days
Leukaemia Immunophenotyping	LYPT	A[4,5]	5 days

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Haematology

HAEMATOLOGY PROFILE

FBC + 5 part Diff
ESR

TAT 4 HOURS

PP3

A

COAGULATION PROFILE 1

Prothrombin Time
APTT
Fibrinogen

TAT 4 HOURS

CLPF

C [18]

COAGULATION PROFILE 2

FBC + 5 part Diff
Prothrombin Time
APTT
Fibrinogen

TAT 4 HOURS

CLOT

A C [18]

ANAEMIA PROFILE

FBC + 5 part Diff
ESR
Iron, TIBC
Ferritin
B12 (Active)
Folate (RBC)

TAT 2 DAYS

ANAE

A A B

PRE-TRAVEL SCREEN (DVT)

FBC
Factor II Prothrombin Gene
Factor V Leiden
Anticardiolipin Antibodies

TAT 5 DAYS

DVT1

A A B [9]

VON WILLEBRAND PROFILE

Von Willebrand Factor
Von Willebrand Activity (Ristocetin Cofactor)
Factor VIII Assay

TAT 5 DAYS

FVWF

C C C [4,12]

THROMBOTIC RISK PROFILE

FBC
Coagulation Profile
Antithrombin III
Factor V Leiden gene
Factor II Prothrombin gene
MTHFR gene
Lupus Anticoagulant
Protein C
Free Protein S Ag
Anticardiolipin Abs

TAT 5 DAYS

PROP

A A B C C C [18]

ANTENATAL PROFILE

FBC + 5 part Diff
Blood Group and Rh Type
Atypical Antibody Screen
Haemoglobin electrophoresis
Syphilis IgG/IgM
Glucose
FT4/TSH
Rubella Antibodies (IgG)
Toxoplasma (IgG/IgM)
Hepatitis B sAg
Hep C Abs
Varicella Zoster IgG (Immunity)
HIV 1 & 2 Abs

TAT 3 DAYS

Please ensure the blood group (EDTA) tube label is HANDWRITTEN. Do not affix a secondary label.

ANTE

A A [33] B B B G

NATURAL KILLER PROFILE 2

CD3
CD4
CD8
CD16/CD56
CD19

TAT 2 DAYS

NKP2

A

Key: See page 19 for sample taking and special handling instructions.

Microbiology

	TEST	CODE	SAMPLE REQS	TAT
	16S rRNA Bacterial Gene	16S	**J**	1 week
	18S rRNA Fungal Gene	18S	**J**	1 week
	Beta D Glucan	XBDG	**B**	2 weeks
	Blood Culture	BCUL	2x**BC**[4]	6 days +
	Carbapenemase producing organism screen	MDR	**STM** (rectal)	4-5 days‡
	Chlamydia trachomatis by PCR (Swab)	SPCR	**PCR**	2 days
	Chlamydia trachomatis by PCR (Thin Prep)	TPCR	**TPV**	2 days
	Chlamydia trachomatis by PCR (Urine)	CPCR	**FCRU**	2 days
	Clostridium Difficile Toxin by PCR	CLOS	**RF***	2 days
	Cryptococcal Antigen	CRYC	**Serum** or **CSF**	1 day
	Cryptosporidium	CRPO	**RF**	2 days
	CSF for Microscopy and Culture	CSF	**CSF**	1-3 days
	Culture (Any site)	CULT		up to 5 days
NEW	**Faecal Occult Blood/FOB (immunochemical/FIT)**	QFIT	**QFIT**	1 day
	Fluid Culture	FLUD	**SC**	2-7 days
	Fluid for Crystals	FLU2	**SC**	1 day
	Fungal ID + Sens	FUID	**Fungal sample/STM**	14 days
	Galactomanan (Aspergillus Antigen)	SGAL	**B**	2 weeks
	Gonorrhoea by Culture	GONN	**CS**‡‡‡	2-3 days
	Group B Strep (see page 43)	GBS	2x**STM**	3-4 days
	H. pylori Culture	HPCU	**J**	3 weeks
	HVS	HVS	**STM**‡‡‡‡	2-4 days
	IUCD for Culture	IUCD	**Send Device**	11-12 days
	Legionella Urine Antigen	LEGA	**RU**	1 day
	MRSA (Rapid PCR) one swab per site	MRSA	**Blue Micro Swab**	4 hours
	MRSA Culture one swab per site	MRSW	**Blue Micro Swab**	2 days
	Mycology/Skin Scrapings by PCR	DERM	**Submit Sample**	3-7 days
	Mycoplasma/Ureaplasma Culture**			
	Nail Clippings	DERM	**Nail clippings**	3-7 days
	Pleural Fluid for Culture	FLUP	**SC**	7 days
	Pneumococcal Antigen	PNAG	**RU**	1 day

* Not performed on formed stool specimens.

** Do not use a black swab for RAPS. Use **Blue** only. Rapid antigen is reported within 4 hours with full culture to follow.

*** Use clear Sellotape only and attach to slide.

**** Culture techniques have been discontinued, please send PCR (see Sexual Health section for full details).

‡ Presumptive positive isolates will be sent to the PHE reference laboratory for confirmation.

‡‡ BAL: Induced sputum or bronchoalveolar larage.

‡‡‡ The optimal sample type from the female genital tract is an endocervical swab. Gonorrhoea does not survive well outside the endocervical epithelium; a negative gonorrhoea culture result from a vaginal swab is not reliable for excluding infection.

‡‡‡‡ Culture for Mycoplasma, Ureaplasma and Trichomonas vaginalis has been discontinued due to the superiority of molecular methods. If investigations for Mycoplasma genitalium, Ureaplasma or Trichomonas vaginalis are required please request PCR testing (see Sexual Health section).

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Microbiology

TEST	CODE	SAMPLE REQS	TAT
Pneumocystis Jiroveci (PCP) Examination	PCYS	**BAL**‡‡	2-3 days
Rapid Strep (incl. m/c/s)	RAPS	**STM****	1-3 days**
Schistosoma (Urine)	USCH	**Mid-morning terminal urine**	8 hours
Sellotape Test	SELL	**Send Sample*****	1 day
Semen Culture	SPCU	**Semen**	2-4 days
Skin Scrapings/Mycology by PCR	DERM	**Send Sample**	3-7 days
Specific Gravity (Urine)	USG	**RU**	24 hours
Sputum for Routine Culture	SPU1	**SC**	2-4 days
Sputum for TB Culture (AFB)	SPU2	**SC**	up to 8 weeks
Stool for OCP and Culture††	PENT	**RF**	2-3 days
Stool for OVA Cysts & Parasites by PCR	OCP	**RF**	1 day
Stool Reducing Substances	STRS	**RF**[7]	5 days
Swab for Culture	SWAB†	**STM**	2-4 days
Swab (Ear)	EARS	**STM**	2-4 days (Culture) 8-9 days (Fungal) – same swab
Synovial Fluid (for microscopy and culture)†††	FLU2	**A** + **SC**	14 days
TB (pleuralfluid)	TBCU	**SC**	up to 8 weeks
TB Culture	SPU2	**SC**	up to 8 weeks
TB Culture (Urine)	TBUR	3x **EMU**	up to 8 weeks
TB Slopes – Confirmation and Sensitivity	TBSL	**TB slope** (LJ medium-green)[6]	up to 8 weeks
Tissue for culture	TISS	**Tissue sample**	up to 14 days
Ureaplasma/Mycoplasma Culture**			
Urine (Microscopy Only)	UMIC	**RU**	1 day
Urine for Microscopy and Culture††††	UCEM	**MSU**	1-2 days

† Please state site of swab collection on **both** request form and swab label.

†† Please provide relevant travel history. If travel history is not provided, stool will be investigated for endemic pathogens only [Campylobacter, Salmonella, Shigella, Shigatoxin-producing E coli (VTEC), Cryptosporidium and Giardia].

††† If prosthetic joint is present please state in clinical details to ensure that enrichment culture is prolonged for 14 days.

†††† Optimal sample type for urine culture is a mid-stream clean catch urine sent in a sterile pot containing boric acid preservative.

Microbiology

URINE CULTURE PROCESSING AND RESULTS

All urine culture testing is performed using manual methods. The culture pathway adheres to national guidance and is a fully UKAS-accredited method.

Manual testing allows a larger amount of urine to be tested than previous automated method, which enables the laboratory to detect lower bacterial counts (as low as 103 cfu/mL) and also facilitates the follow up of significant organisms grown from mixed cultures.

If the culture result is indicative of urinary tract infection, antibiotic susceptibilities will be tested from the culture growth and will be available 24 hours after the culture result. 'Direct sensitivities' are no longer performed. Direct susceptibility testing is not inoculum-controlled, produces inaccurate results and is not UKAS-accredited.

Culture results should be interpreted alongside the microscopy WBC count and clinical signs and symptoms. Significant growth on culture in the absence of pyuria may be suggestive of contamination with regional flora rather than true infection. It should be noted, however, that WBC degrade in urine quite rapidly and delays between sample collection and microscopy may lead to falsely low WBC readings which may account for these findings.

What does the result 'No significant growth' mean?

The amount of growth falls below the threshold for urinary tract infection (< 103 cfu/mL).

There is no laboratory evidence of urinary tract infection.

Occasionally, this may be seen in very early stages of infection or in a partially treated urinary tract infection. Therefore, please send a repeat specimen if symptoms persist.

What does the result 'mixed growth doubtful significance' mean?

This means that the culture revealed a heavy growth of at least 3 organisms with no predominating organism; this represents contamination of the urine with the patient's flora during collection.

This result does not exclude urinary tract infection but it is not possible to determine the causative organism among the mixture of organisms.

If symptoms persist, please send a repeat urine specimen and ensure that patient understands optimal collection technique.

If you are receiving a lot of 'mixed growth of doubtful significance' results, please consider the following:

- **The instructions that patients are given to collect their urine sample**

  Poor collection technique is the most common reason for a heavily mixed growth in a urine sample. It is almost impossible to collect a urine sample without any contamination from the normal bacterial flora which inhabits the area surrounding the urethral opening, but optimal collection technique will minimise this contamination and allow the true infective cause to stand out and be identified (a patient instruction leaflet is available).

- **Delays between sample collection and laboratory processing**

  The time between sample collection and laboratory processing can allow small amounts of contaminating bacterial flora to multiply up to higher amounts prior to laboratory testing, which can result in heavy mixed growth of bacteria on culture. Using a red topped specimen pot containing boric acid preservative will minimise this.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Microbiology

RED TOPPED BORIC ACID CONTAINERS

The preservative reduces the overgrowth of organisms and, to a lesser extent, reduces the degradation of white cells during transit leading to a more accurate laboratory result for both microscopy and culture. UKAS recommends the use of boric acid containers for all urine sample for microscopy and culture (Urine M,C&S) to improve the quality of microbiological results.

Red topped boric acid containers are for requests for urine microscopy and culture (MC&S) ONLY. Boric acid container should NOT be used for:

- **Other urine microbiology tests (e.g. investigations for Chlamydia, Mycobacterium, Schistosomiasis, urinary antigen testing)**
- **Urine samples being analysed by PCR methodology**
- **Urine samples for non-microbiology tests (e.g. biochemistry, virology, pregnancy testing)**
- **Very small urine volumes (<20ml) e.g. neonates**

Use of urinary dipsticks: boric acid may inhibit leukocyte esterase dipstick readings; dipstick testing performed on a sample in a boric acid container should be interpreted with caution.

If additional tests are required in addition to urine microscopy and culture, **an additional sample in a white-topped universal container should be sent**. In this case, it is advised that the mid-stream clean catch urine is collected in a sterile bowl and then transferred to the necessary specimen containers.

If, despite these measures, a patient has recurrent mixed growth reports from multiple urines, it may suggest that your patient has abnormal urinary tract architecture, immunosuppression or other non-infective cause that requires different laboratory investigations or referral to a specialist. If further information is required, please telephone the laboratory and ask to discuss the case with one of our consultant Microbiologists.

Microbiology

Swabs: Types and Codes

Patient Request Forms AND **Swabs** should be labelled with the body site from which the sample was taken. **This is important**. The swab site determines the appropriate culture media required to target the most likely pathogens.

SITE	CODE	SAMPLE TYPE
Culture Swabs		
Cervical Swab	CERS	**Blue** Micro Swab
Eye Swab	EYES	**Blue** or **Orange** Micro Swab
Ear Swab	EARS	**Blue** or **Orange** Micro Swab
Gonorrhoea	GONN	**Black** Charcoal Swab
High Vaginal Swab	HVS	**Blue** Micro Swab
Nasal Swab	NASS	**Blue** or **Orange** Micro Swab
Oral Swab	ORSW	**Blue** Micro Swab
Penile Swab	PENS	**Orange** Micro Swab
Rectal Swab	RECG	**Blue** Micro Swab
Skin Swab	SKIS	**Blue** Micro Swab
Throat Swab	THRS	**Blue** Micro Swab
Urethral Swab	URES	**Orange** Micro Swab
Vaginal Swab	VAGS	**Blue** Micro Swab
Vulval Swab	VULV	**Blue** Micro Swab
Wound Swab	WOUS	**Blue** Micro Swab
MRSA by Culture	MRSW	**Blue** Micro Swab x 1 – state site
	MRW2	**Blue** Micro Swab x 2 – state sites
	MRW3	**Blue** Micro Swab x 3 – state sites
	MRW4	**Blue** Micro Swab x 4 – state sites
	MRW5	**Blue** Micro Swab x 5 – state sites
RAPID MRSA by PCR	MRSA	**Blue** Micro Swab x 1 – state site
	MRS2	**Blue** Micro Swab x 2 – state sites
	MRS3	**Blue** Micro Swab x 3 – state sites
	MRS4	**Blue** Micro Swab x 4 – state sites
	MRS5	**Blue** Micro Swab x 5 – state sites

Note: This PCR methodology uses culture swabs

Blue Micro/Transwab
are multipurpose, culture swabs in transport medium

Orange Micro/Transwab
are small, thin wire culture swabs in transport medium

PCR swabs are also known as DRY SWABS

Female/Purple DRY PCR swab

Male/Blue DRY PCR swab

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Microbiology

PCR METHODS FOR THE DETECTION OF DERMATOPHYTE FUNGAL CULTURES

The detection of Dermatophyte fungal cultures uses High Sensitivity PCR testing. This reduces the overall turnaround time by up to three weeks, and increases the detection of fungal infection compared to combined microscopy and culture. Furthermore the specific targeting pathogens associated with superficial fungal infection is increased which assists in preventing the over reporting of insignificant fungi that are contaminants.

FUNGAL TEST CODES

	Investigation of Superficial Fungal Infection	**Investigation of Non-Superficial Fungal Infection**
Test Code	DERM*	FUN*
Sample type	Nail, Hair, Skin.	All specimens other than Skin, Hair and Nail.
Turnaround time	72 hours for interim PCR report, and 7 days for final culture (unless the fungal culture needs to be extended for significant growth).	7 days (non-sterile e.g. ear swab) and 3 weeks (sterile i.e. CSF).
Notes	• Dermatophyte PCR is replacing microscopy for Nails, Hair and Skin (72 hour TAT). • Non-dermatophyte culture will take 7 days rather than 3 weeks. • Microscopy will be used to confirm significance of rare fungi that may cause infections. • There is no change in the price of this test.	• Non-sterile specimen fungal cultures are performed on Sabouraud's agar plates for 7 days with no microscopy. • Sterile specimen fungal cultures have microscopy (Calcafluor) reported on the day of processing and culture on a Sabouraud's agar slope, incubated for 21 days.

STOOL TEST CODES

Traditional culture methods have been replaced by Real Time PCR for enteric pathogen testing. The benefits are increased sensitivity and a higher detection rate. Once received and processed in the microbiology lab, negative results will be available within 24 hours. Positive results will be followed up with culture and sensitivities for final reporting.

STOOL OCP AND CULTURE		
Sample Type	**Please request as PENT**	**Comments**
Stool	Serosep EntericBio PCR **Bacteria/Bacterial Toxins** • Salmonella • Campylobacter • Shigella • VTEC **Parasites** • Cryptosporidium • Giardia	All stool samples will be tested for UK Pathogens. Overseas pathogens will only be tested if specifically requested and travel history and clinical details are provided. Samples that are positive for the bacterial pathogens will be cultured to provide sensitivities and, if indicated, for PHE referral. Samples will be kept for 7 days after receipt to allow for additional testing if required.

Microbiology

STOOL FOR OCP		
Sample Type	**Please request as OCP**	**Comments**
Stool	Requests for OCP only will include testing for cryptosporidium and giardia by PCR	Overseas pathogens will only be tested if requested and travel history and clinical details are provided.

C. DIFFICILE DETECTION		
Sample Type	**Please request as CLOS**	**Comments**
Stool	Serosep Enteric Bio PCR Alere Techlab EIA (Toxin)	Change to PCR and Elisa methods. Two tier PCR & Toxin *c. diff* screening based on PHE guidance. Improved sensitivity and specificity for both targets tested. Primary *c. diff* gene screening using Enteric Bio PCR. Secondary sequential testing using Alere EIA to confirm Toxin.

GASTRO VIRUS DETECTION (INCLUDING ROTAVIRUS) SEE VIROLOGY

ENTERIC ORGANISM RAPID DETECTION SEE VIROLOGY

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Microbiology

GROUP B STREPTOCOCCUS (GBS)

Group B Streptococcus (GBS or group B Strep) is the most common cause of severe infection in newborn babies, and of meningitis in babies under age 3 months. On average in the UK:

- 2 babies a day develop group B Strep infection
- 1 baby a week dies from group B Strep infection
- 1 baby a week survives group B Strep infection with long term disability

Most GBS infection is of early onset, presenting in babies within the first 6 days of life, and usually within the first 12 hours after birth. Between age 7 days and 3 months, these infections are rare, and in babies over 3 months they are very rare indeed.

Most early-onset GBS infections (in babies aged 0-6 days) can be prevented by giving intravenous antibiotics in labour to women whose babies are at raised risk of developing GBS infection. In the UK, women are offered IV antibiotics in labour based on specific risk factors.

GBS is normal flora of the distal GI tract. Up to 30% of women carry it harmlessly in their vaginal tract. Vaginal carriage at the time of vaginal delivery can result in transmission of GBS to baby. Babies are more vulnerable to infection as their immature immune systems cannot fight off the multiplying bacteria. If untreated, GBS can cause serious infections, such as meningitis and septicaemia, which may lead to stillbirths, and newborn and infant deaths. If they survive, babies can develop permanent problems including hearing or vision loss, or cerebral palsy.

Current GBS prevention focuses on giving intravenous antibiotics to women in labour, aiming to reduce disease in infants at delivery. 2 x **Blue culture swabs** (lower vaginal and lower rectal) should ideally be taken from 35 weeks. Swabs will be placed in enrichment culture in the microbiology laboratory to ensure maximal detection.

Key: See page 19 for sample taking and special handling instructions.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Endocrinology

TEST	CODE	SAMPLE REQS	TAT
11 Deoxycorticosterone	DEOX	B	10 days
11 Deoxycortisol	11DC	B (Frozen)	10 days
17 Hydroxyprogesterone	17OH	B	5 days
ACTH (Adreno Corticotrophic Hormone)	ACTH	A (Plasma Frozen)[41]	1 day
Aldosterone	ALDN	B	5 days
Aldosterone (Urine)	UALD	**PU**	5 days
Alpha Feto Protein	AFP	B	4 hours
Amenorrhoea Profile	AMEN	B	4 hours
Andropause Profile	ANDP	B B	8 hours
Androstenedione	ANDR	B (Frozen)	1 day
Antidiuretic Hormone	ADH	A A (Plasma Frozen)[4]	10 days
Antimullerian Hormone (AMH Plus)	AMH	B	4 hours
Beta HCG (Quantitative)	QHCG	B	4 hours
BNP (NT-pro BNP)	BNP	B	4 hours
C Peptide	CPEP	B	3 days
Calcitonin	CATO	B (Frozen)[4]	1 day
Catecholamines (Plasma)	CATE	A A (Plasma Frozen)[4]	5 days
Catecholamines (Urine)	UCAT	**PU**[1]	5 days
Cortisol	CORT	B	4 hours
Cortisol (Urine)	UCOR	**CU**	5 days
DHEA	DHEX	B	7-10 days
DHEA – Urine (Dehydroepiandrosterone)	UDHE	**CU**	3 weeks
DHEA Sulphate	DHEA	B	4 hours
Dihydrotestosterone	DHT	B B	7 days
Down Syndrome Risk Bloods only (Risk to be calculated by clinician)	HCGF/PAPA	B	4 hours
Down Syndrome Risk Profile (2nd trimester) Quad	DRP	B, DRP form[7,8]	2 days
Down Syndrome Risk Profile with risk calculation first trimester	DRP	B, DRP form + image of scan[7,8]	2 days
Erectile Dysfunction Profile	IMPO	A B B G	3 days
Female Hormone Profile	FIP	B	4 hours
First Trimester Antenatal Screen	HCGF/PAPA	B	4 hours
Free Cortisol (Urine)	UCOR	**CU**	5 days
Free T3	FT3	B	4 hours
Free T4	FT4	B	4 hours
FSH	FSH	B	4 hours
Growth Hormone (Fasting)	GH	B[7,35]	4 hours
Gut Hormone Profile	GUTP	A A (Frozen within 15 minutes)[41]	3 weeks
Hirsutism Profile	HIRP	B	4 hours
HRT Profile 1	HRT	B	4 hours
HRT Profile 2	HRT2	B G	4 hours
IGF-1 (Somatomedin)	SOMA	B (Frozen)[4]	1 day

Key: See page 19 for sample taking and special handling instructions.

Endocrinology

TEST	CODE	SAMPLE REQS	TAT
IGF-BP3	IGF3	B (Frozen)[4]	5 days
Impotence Profile	IMPO	A B B G	3 days
Inhibin A	INIA	B	1 month
Inhibin B	INIB	B (Day 3 of cycle,frozen)	5 days
Insulin	INSU	B	4 hours
Insulin Resistance (Fasting)	FIRI	B G	4 hours
Luteinising Hormone (LH)	LH	B	4 hours
Macroprolactin	PRLD	B	4 days
Male Hormone Profile	MIPR	B	4 hours
Melanin	MELA	**RU**[13]	5 days
Melatonin (Serum)	MEL	B (Frozen)	5 days
Melatonin (Urine)	UMEL	**CU**[13]	2 weeks
Menopause Profile	MENO	B	4 hours
Metabolic Syndrome Profile	METS	A B B G	9 days
Metanephrines (Plasma)	PMET	A (Frozen plasma)	7 days
Metanephrines (Urine)	UMEX	**PU**[1]	5 days
Oestradiol (E2)	OEST	B	4 hours
Oestriol (Estriol)	E3	B B	4 days
Oestrone	E1	B B	4 days
Osteocalcin	OST	B (Frozen)[4]	4 days
Parathyroid Hormone (Whole)	PTHI	B[4]	1 day
Pituitary Function Profile	PITF	B B	1 day
Polycystic Ovary Syndrome Profile	PCOP	A B B B G[7]	5 days
Polycystic Ovary Syndrome SHORT	PCOS	B G	4 hours
Pregnancy (Serum) [Quantitative]	QHCG	B	4 hours
Pregnanetriol (Urine)	UPTR	**CU** (Frozen)	5 days
Pregnenolone	PREN	B	15 days
Progesterone	PROG	B	4 hours
Proinsulin	PROI	A (Frozen plasma)[4]	5 days
Prolactin	PROL	B	4 hours
Prolactin (Macro)	PRLD	B	4 days
Renin	RENI	A (Frozen plasma)[36]	5 days
Reverse T3	RT3	B[7,37]	10 days
Serotonin	SERT	H (Frozen whole blood)[1]	10 days
Serotonin (Urine)	USER	**PU** 50mls (Frozen)[1]	5 days
Sex Hormone Binding Globulin	SHBG	B	4 hours
Somatomedin (IGF-1)	SOMA	B (Frozen)[4]	1 day
Suppression with steroid, IVIg and intralipin, NK (CD69) cell assay, TH1/TH2 cytokines	NCIT	H H H	Send Mon-Thurs only
T3	T3	B	4 hours
T3 (Reverse)	RT3	B[7,37]	10 days
Testosterone (Bioavailable)	BTES	B	5 days
Testosterone (Free)	FTES	B	3 days

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Endocrinology

TEST	CODE	SAMPLE REQS	TAT
Testosterone	TEST	B	4 hours
Thyroglobulin Abs	TGAB	B	1 day
Thyroglobulin Assay	TGA	B	1 day
Thyroid Abs (incl. TGAB + TPEX)	THAB	B	1 day
Thyroid Peroxidase Antibodies/Anti TPO	TPEX	B	1 day
Thyroid Profile 1	TF	B	4 hours
Thyroid Profile 2	TF2	B	2 days
Thyroid Profile 3	TF3	B	4 hours
Thyroxine (T4)	T4	B	4 hours
Thyroxine Binding Globulin	TBG	B (Frozen)	10 days
TSH	TSH	B	4 hours
TSH-Receptor Antibodies	TSI	B	4 days

REPRODUCTIVE IMMUNOLOGY AT ROSALIND FRANKLIN LABORATORIES, CHICAGO, USA

TEST	CODE	SAMPLE REQS	TAT
Reproductive Immunophenotype Panel	3RF	H H H	1 week
NK Assay/Cytotoxicity Panel	4RF	H H H	1 week
NK Assay Follow-Up Panel	5RF	H H H	1 week
TH1/TH2 Cytokine Ratio	6RF	H H H[5]	1 week
Leucocyte Antibody Detection Panel MALE	7RF	H H H[3,4,6]	1 week
Leucocyte Antibody Detection Panel FEMALE	8RF	B	1 week
HLA DR Antigens	9RF	A A	2 weeks
HLA DQ Alpha Antigens	10RF	A A	2 weeks
HLA DQ Beta Antigens	11RF	A A	2 weeks
NK Assay Panel + Intralipids	16RF	H H H	1 week
KIR (Killer-like Immunoglobulin-like Receptors) Genotyping	17RF	A A A	2-3 weeks
TH1/TH2 Intracellular Cytokine Ratios with IVIG, Prednisolone	20RF	H H H[5]	1 week
TH1/TH2 Intracellular Cytokine Ratios with IVIG	21RF	H H H[5]	1 week
TH1/TH2 Intracellular Cytokine Ratios with Prednisolone	22RF	H H H[5]	1 week
Endometrial Biopsy Immune Profiling	23RF	**J** (Contact Referrals)	2 weeks
T Regulatory Cells	25RF	H	3 days

Patients who have samples taken at TDL's Patient Reception at 76 Wimpole Street may attend any time during hours of opening on Mondays or Tuesdays, and by **NOON on Wednesdays to allow for same day shipping to Chicago by Fed Ex**. Samples for Rosalind Franklin are not accepted on Thursdays, Fridays or Saturdays. Fed Ex charges are included in these charges.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Endocrinology

REPRODUCTIVE IMMUNOLOGY AT ST HELIER, CARSHALTON

TEST	CODE	SAMPLE REQS	TAT
NK (CD69) Cell Assay	CD69	(H)*	Send Mon-Thurs only
NK Cytotoxicity Assay	HSNK	(H)(H)(H)*	Send Mon-Thurs only
NK (CD69) and NK Cytotoxicity	69C	(H)(H)(H)*	Send Mon-Thurs only
NK Cytotoxicity with suppression, steroid, IVIg & Intralipin	NKCY	(H)(H)(H)*	Send Mon-Thurs only
NK Cytotoxicity with suppression with steroid, IVIg and intralipin, and NK (CD69) cell assay	69CI	(H)(H)(H)*	Send Mon-Thurs only
TH1/TH2 Cytokine Profile	1TH2	(H)(H)(H)*	Send Mon-Thurs only
Suppression with steroid, IVIg and intralipin, NK (CD69) cell assay, TH1/TH2 cytokines	NCIT	(H)(H)(H)*	Send Mon-Thurs only

* Patients need to attend Patient Reception at 76 Wimpole Street by **11.00am latest Mondays – Thursdays**. Samples cannot be accepted on Fridays, Saturdays or Sundays. Allow 2 days for results.

Endocrinology

THYROID PROFILE 1

FT4
TSH

TAT 4 HOURS

TF

B

THYROID PROFILE 2

T4 Free T3
TSH Free T4
Thyroglobulin Abs
Thyroid Peroxidase

TAT 2 DAYS

TF2

B

THYROID PROFILE 3

FT3
FT4
TSH

TAT 4 HOURS

TF3

B

FEMALE HORMONE PROFILE

LH
FSH
Prolactin
Oestradiol (17-Beta)

TAT 4 HOURS

FIP

B

MALE HORMONE PROFILE

FSH
LH
Testosterone
Free Androgen Index
Prolactin
SHBG

TAT 4 HOURS

MIPR

B

ANDROPAUSE PROFILE

DHEAs
FSH
Testosterone
Free Androgen Index
LH
SHBG

TAT 8 HOURS

ANDP

B B

ERECTILE DYSFUNCTION/ IMPOTENCE PROFILE

Lipid Profile
Glucose
HbA1C
TSH
Prolactin
Total Testosterone
Free Testosterone
PSA

TAT 3 DAYS

IMPO

A B B G

More Hormone Profiles are shown on page 46

ANTIMULLERIAN HORMONE / AMH PLUS

Age related reference intervals in women

The reference intervals below are derived from a population of apparently healthy women not taking any contraceptive medication. The reference intervals represent the 10th – 90th percentile values for the women in each age bracket.

Age Range	Elecsys AMH (pmol/L)
20 – 29 years	13.1 – 53.8
30 – 34 years	6.8 – 47.8
35 – 39 years	5.5 – 37.4
40 – 44 years	0.7 – 21.2
45 – 50 years	0.3 – 14.7

TAT 4 HOURS

AMH

B Samples can be taken, at any time during a patient's monthly cycle. Ambient, unspun sample stability has been validated for up to 5 days. Postal samples are therefore acceptable, and samples can also be collected and posted using TDL TINIES.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Endocrinology

HRT PROFILE 1

FSH
Oestradiol (17-Beta)
Progesterone

TAT 4 HOURS

HRT

B

HRT PROFILE 2

Lipid Profile
Glucose
FT4
TSH
FSH
OEST

TAT 4 HOURS

HRT2

B G

AMENORRHOEA PROFILE

LH
FSH
Prolactin
Oestradiol (17-Beta)

TAT 4 HOURS

AMEN

B

METABOLIC SYNDROME PROFILE

Lipid Profile
Glucose
HbA1C
Insulin
hsCRP
Adiponectin

TAT 9 DAYS

METS

A B B G

PITUITARY FUNCTION PROFILE

TSH
FSH
LH
Prolactin
Growth Hormone
Cortisol

Please provide details of time of day sample is taken. Patient should be resting for 30 mins before sample taking.

TAT 1 DAY

PITF

B B

POLYCYSTIC OVARY SYNDROME: SHORT

Testosterone
SHBG
FAI
FSH
LH
Glucose
Insulin
Lipid Profile
FT4/TSH

TAT 4 HOURS

PCOS

B G

MENOPAUSE PROFILE

FSH
LH
Oestradiol (17-Beta)
TSH
FT4

TAT 4 HOURS

MENO

B

FIRST TRIMESTER SCREENING BLOODS ONLY (Risk to be calculated by requesting clinician)

Free β-hCG
PAPP-A

Free β-hCG and PAPP-A in serum and sonographic determination of nuchal translucency (NT) are markers of choice to identify women at increased risk of Down Syndrome during the first trimester (week 11-13) of pregnancy.

TAT 4 HOURS

HCGF/PAPA

B

POLYCYSTIC OVARY SYNDROME PROFILE

Testosterone
TSH
Glucose
HbA1C
FSH
DHEAs
Insulin
LH
17 Hydroxyprogesterone
Lipid Profile
Prolactin
Cortisol
Antimullerian Hormone
Androstenedione
SHBG

A fasting 9.00am sample is recommended.

TAT 5 DAYS

PCOP

A B B B G [7]

HIRSUTISM PROFILE

FSH
LH
Testosterone
DHEAs
SHBG

TAT 4 HOURS

HIRP

B

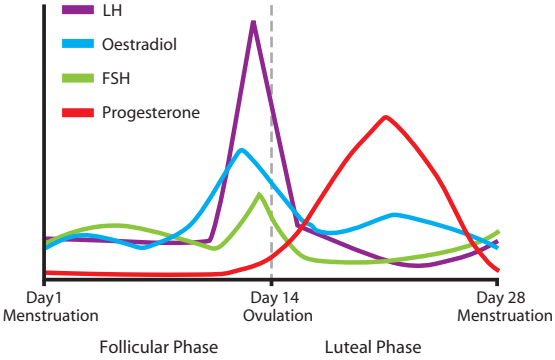
Reproductive health

The tests in this section are drawn from all disciplines of diagnostic pathology and are listed in other appropriate sections in the Laboratory Guide.

PUBERTY

The beginning of the reproductive cycle of life – diagnosis tests may include:

- Oestradiol
- FSH
- LH
- Progesterone
- Androstenedione
- DHEA sulphate
- Testosterone
- SHBG
- Prolactin



THE MENSTRUAL CYCLE/PREGNANCY

This cycle controls female fertility and is influenced by hormone levels which impact bone health and many other aspects of female physiology. Pregnancy lasts 40 weeks and is divided into trimesters.

First Trimester (week 0–13): confirmation of pregnancy and associated tests may include:

- Pregnancy test (urine)
- Quantitated Beta HCG (serum)
- Ectopic Pregnancy assessment (Beta HCG and Progesterone)
- Recurrent Miscarriage Profile
- Antenatal Screen
- Nuchal Scan with Free Beta HCG and PAPP-A or Non-Invasive Prenatal Test (Harmony) for risk assessment of Downs Risk (a DRP request form must be enclosed with samples, see back of guide, and an image of the scan attached to the request form). Contact TDL Genetics for details of Non-Invasive Prenatal Testing (NIPT)
- Chorionic Villus Sampling (CVS) for chromosomal analysis (PCR for Rapid Trisomy and karyotyping for the rarer abnormalities)
- Toxoplasma/Varicella Zoster/Parvovirus/CMV

Reproductive health

Second Trimester (week 14–26):
testing is primarily directed at evaluating the actual and potential development of the baby and may include:

- Downs Risk Profile (Triple Test +)
- Amniocentesis for chromosomal analysis (AmnioPCR for Rapid Trisomy and karyotyping for the rarer abnormalities)
- Glucose and Protein (urine or serum)
- Pre-eclampsia Screen

Third Trimester (week 27–40):
testing for foetal wellbeing and the health of the mother may include:

- Glucose and Protein (urine or serum)
- Toxoplasma
- Atypical antibody screening
- Group B Strep (From 35 weeks – rectal and low vaginal swabs)
- Chlamydia

INFERTILITY

Infertility and its management is increasingly implicated in growing numbers of clinical disciplines. More recently, greater emphasis is being given to male infertility. Recent data suggests that approximately 40% of all infertility is ascribed entirely, or in part, to male factors, 40% to female factors with an additional 20% unexplained. Testing at the outset of infertility treatment can reduce some of the emotional and financial costs, as well as allowing couples to pursue other possible options.

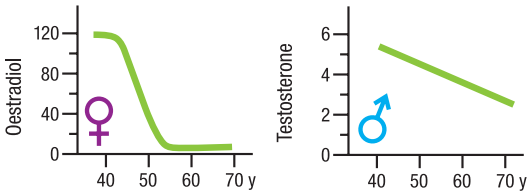
- Hormones
- Lifestyle/Environmental
- Ovarian Reserve
- Unexplained Infertility/Implantation failure
- Male Factors
- Infection
- Chromosomes/Genetics
- Polycystic Ovary Syndrome
- Recurrent/Spontaneous miscarriage

AGEING

Reaching menopause and andropause is a gradual process with modulating hormones as ovarian function declines in women, and the more gradual, less defined and highly variable effect in men. Testing may include:

- Hormones (Menopause/Andropause Profile)
- Testosterone/Free testosterone/ Bioavailable Testosterone
- SHBG
- DHEAs
- Thyroid function
- Osteoporosis/Bone Markers

General patterns of age-related decline in estradiol levels in women (left) and total testosterone levels in men (right)



Reproductive health

INFERTILITY

HORMONES

FEMALE	MALE
FSH – day 2/3	Testosterone/Prolactin/FSH/LH
LH	Sex Hormone Binding Globulin
Oestradiol	Inhibin B (male)
Antimullerian Hormone (AMH)	Male Hormone **Profile**
Progesterone – day 21	Andropause **Profile**
Female Hormone **Profile**	Insulin Resistance
Prolactin	Erectile Dysfunction
	Impotence **Profile**

INFECTION

FEMALE	MALE
High Vaginal swab	Investigations for prostatitis/urethritis
Cervical swab	Mycoplasma Genitalium
Bacterial Vaginosis screen	Ureaplasma
Toxoplasma	Chlamydia/Gonorrhoea
Chlamydia/Gonorrhoea	Chlamydia in Semen
CMV	Hep B sAg/Hep B Core Abs/Hep C/HIV 1&2
Syphilis	Herpes Simplex I/II by PCR
Hep B sAg/Hep B Core Abs/Hep C/HIV 1&2	Semen culture
Herpes Simplex I/II by PCR	Syphilis
STI **Profiles**	STI **Profiles**
Infection screening by PCR	Infection screening by PCR

LIFESTYLE/ENVIRONMENT

FEMALE	MALE
Well Person **Profile** DL6	Fit for Fertility Male Profile
Zinc, Lead	Well Person **Profile** DL6
Trace Metal **Profile** (blood)	Trace Metal **Profile** (blood)
Antioxidant Activity	Antioxidant Activity
Thyroid **Profiles**	Thyroid **Profiles**
Vitamin **Profiles**	Vitamin **Profiles**
Vitamin D (25 OH)	Vitamin D (25 OH)
Folate	Folate
Selenium	Selenium
Omega 3/Omega 6	Zinc
	Omega 3/Omega 6
	Oxidative Stress (ROS) in Semen

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Reproductive health

CHROMOSOMES/GENETICS

FEMALE	MALE
Chromosome/Karyotype (parental)	Chromosome/Karyotype (parental)
Fragile X (female)	Male Hormone **Profile**
Cystic Fibrosis Screen	Y-Chromosome microdeletion
Tay Sachs	Fragile X Male
Jewish Carrier **Profile**	Cystic Fibrosis Screen
Inherited disorders (specific)	Tay Sachs
	Jewish Carrier **Profile**
	Inherited disorders (specific)

OVARIAN TUMOUR

FEMALE	
Antimullerian Hormone (AMH)	CA125/HE4

POLYCYSTIC OVARY SYNDROME

FEMALE
Polycystic Ovary **Profile**

UNEXPLAINED INFERTILITY/IMPLANTATION FAILURE /RECURRENT MISCARRIAGE

FEMALE	MALE
Recurrent Miscarriage **Profile**	Chromosome/Karyotype (parental)
Reproductive Immunophenotyping (CD 3/4/8, CD 5/19, CD 16/56/69)	Y-Chromosome microdeletion
NK Cell **Profile**	Sperm DNA Fragmentation
Antiphosholipid Antibodies	Sperm aneuploidy
Lupus anticoagulant and Anticardiolipin Antibodies	Infection screening (See Infection)
Thrombotic **Profile**	Heavy Metals (Blood)
Antinuclear antibodies	Male Recurrent Miscarriage **Profile**
Anti-Thyroglobulin Antibodies	Oxidative Stress in Semen (Reactive Oxygen Species)
Chromosome/Karyotype (parental)	
Infection screening (See Infection)	

SPERM HEALTH

MALE
See TDL Andrology on page 56.

TDL Andrology

The single most important factor determining a man's fertility potential is the production of healthy sperm. A semen analysis has classically been used as the marker of this potential, by providing information about the sperm count, motility and morphology. However, there are other parameters given in a semen analysis that are often neglected or overlooked, which may indicate important pathologies – such as infection, prostatic disease, immunological infertility, retrograde ejaculation, malformation or obstruction of the genital tract, tumour, and congenital or endocrine disorders.

Andrology booking can now be done online at **www.tdlpathology.com/andrologybooking**

Early diagnosis of the male factor is important in order to detect any underlying pathology, determine the extent of infertility and ensure appropriate treatment. It may also avoid unnecessary investigations for the female partner, particularly if her age is a limiting factor.

For men who have had a vasectomy, clearance should only be given when there is no evidence of presence of sperm in two consecutive semen samples. It is therefore vital to ensure that results are reported according to best practice guidelines. Special clearance may be given at the doctor's discretion when there are persistent non-motile sperm present.

Guidelines for Producing Samples

Ideally semen samples should be produced on-site at TDL's Patient Reception at 76 Wimpole Street. Ideally patients must abstain from ejaculation for 2-3 days prior to the test, but no less than 2 days and no longer than 5 days before the test. This requirement is important for semen analyses and post vasectomy analyses to ensure reliability of results. It is possible that samples that do not comply with guidelines for abstinence and collection may not be able to be processed. All semen samples must be produced directly into the sterile containers provided by The Doctors Laboratory.

All containers are weighed and batch tested for sperm cytotoxicity. In exceptional circumstances when semen samples are produced off-site, they can only be accepted by the Andrology Department in sample containers provided by TDL.

WHO 2010 guidelines state that two semen analyses should be performed before any diagnosis is confirmed. This may require requests for two (separate) semen analyses.

Appointments

It is important to make an appointment for all semen samples (on or off site) whether for a comprehensive semen analysis or post vasectomy analysis. It may be necessary to give patients who attend without an appointment a specific time to re-attend. The first appointments for post vasectomy samples should usually be 12 weeks and 20 ejaculations after surgery.

Appointments can be made by calling **020 7025 7940**. There is an attendance fee of £35.00 in addition to pathology charges.

Please complete a Pathology Request Form for your patient. If you would like to request other pathology, you can use the same form or complete a second additional form. Results will usually be reported to you within 48 hours.

If you would like to discuss these tests, or any aspect of this service, please contact TDL Andrology on 020 7025 7940 or email andrology@tdlpathology.com for further information.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

TDL Andrology

SEMEN

TEST	CODE	SAMPLE REQS	TAT
Oxidative Stress in Semen (ROS + MIOXSYS)	SROS	**Semen**[1]	1 day
Retrograde Ejaculation	RTRO	**Contact Lab**	2 days
Semen Analysis, Comprehensive*	SPER	**Semen**[1]	2 days*
Semen Analysis, Post-Vasectomy**	PVAS	**Semen**[1]	2 days
Semen Analysis, Vasectomy Reversal*	SPER	**Semen**[1]	2 days*
Semen Culture	SPCU	**Semen**	2-4 days
Semen Fructose	SPCF	**Semen**	2 days
Semen Leucocytes	PMNS	**Semen**	2 days
Semen Parameters	SPOD	**Semen**[1]	1 day
Sperm Aneuploidy	SPPL	**Semen**[1]	4 weeks
Sperm Antibodies (Serum)	ASAB	B	5 days
Sperm Antibodies / MAR Test (Semen)†	ASPA	**Semen**	1 day
Sperm Comet®	CMET	**Semen**	1-2 weeks
Sperm Count (Post-Vasectomy)	PVAS	**Semen**[1]	2 days
Sperm DNA Fragmentation (SCSA)	SEXT	**Semen**[1]	1-2 weeks
Sperm Morphology (Kruger strict criteria)	MRPH	**Semen**[1]	2 days
Semen Zinc	SPCZ	**Semen**	up to 10 days

Semen parameters may be requested INDIVIDUALLY (eg count only, vitality only, etc).
Please request as SPOD and indicate on the request form which parameter is required.

Semen Parameters	SPOD	**Semen**[1]	1 day

* If required, comprehensive semen analysis can be reported within 4 hours, with morphology to follow.

** For men who have had a vasectomy, clearance should only be given when there is no evidence of presence of sperm in a single ejaculate when recommendations are met. It is rare that a 'diagnosis' is made without confirmation, therefore patients/clinicians should be able to freely request a second confirmatory sample. Special clearance may be given at the doctor's discretion, when there are <100 000/ml non-motile sperm present after the assessment of two specimens in full accordance with recommendations. Recommendations, as given by the Association of Biomedical Andrologists, the British Andrology Society and the British Association of Urological Surgeons 2016, are as follows:

1 Analysis of post vasectomy semen samples should not occur until 12 weeks post-surgery and after a minimum of 20 ejaculates
2 Semen samples must be analysed within 4 hours of production, and in cases where sperm is found a repeat analysis must be performed within 1 hour of production
3 Semen should be provided in weighed specimen containers provided by TDL Andrology
4 Sexual abstinence should be between 2 and 7 days

† Sperm antibodies in semen are measured as part of the routine semen analysis.

TDL Andrology

BY SPECIAL ARRANGEMENT

Sperm swim test
Sperm preparation for overnight survival
Sperm motility and vitality testing for epididymal toxicity
Sperm retrieval procedures (biopsy, PESA, MESA)

Sperm cryopreservation and storage (undertaken by Andrology Solutions – HFEA licensed)

All men who store sperm must be screened for HIV 1&2, Hepatitis B, Hepatitis C and HTLV. Under HFEA regulations, sperm can be stored for an initial period of 10 years with formal consent. All patients are offered counselling prior to sperm cryopreservation.

These arrangements, and details for other specialist semen tests, are available on request. Please contact TDL Andrology on 020 7025 7940 or email sheryl.homa@tdlpathology.com for further information.

Sperm DNA fragmentation

High sperm DNA fragmentation is associated with reduced natural pregnancy rates and assisted conception pregnancy rates as well as live birth rates. In addition, DNA fragmentation leads to higher miscarriage rates as published in the ESHRE Recurrent Pregnancy Loss 2017 Guideline. High levels of DNA fragmentation may be reduced by considering varicocele repair, treatment of underlying infections or inflammation, changes in lifestyle or with antioxidant supplements.

When requesting Sperm DNA Fragmentation there are two options. Please specify whether the request is for sperm DNA fragmentation by **SCSA** or **COMET**.

- **Sperm Chromatin Structure Assay (SCSA®) [SEXT]**

  This test has the ability to measure large numbers of cells (between 5,000 and 10,000 sperm), rapidly in an ejaculate. The SCSA® test monitors the changes in fluorescence of a probe, acridine orange, to detect both single and double DNA strand breaks using flow cytometry. It has been developed using human and animal models over the last 35 years and is one of the most statistically robust tests available for sperm DNA fragmentation. It is a standardised, validated CLIA approved test with high reproducibility and low variability. The test requires a minimum sperm count of approximately 1 million/ml.

- **Sperm COMET® Assay [CMET]**

  When sperm counts are limited, DNA fragmentation can be effectively assessed using the Comet® assay as only ~5,000 sperm are required. The Comet® assay uses electrophoresis to determine abnormal sperm, and can measure both single and double strand breaks. Unlike the SCSA® test, the comet assay may be subject to inter-observer variability and may be less statistically robust as it measures low counts of 50 to 100 sperm cells from each sample.

Sperm Aneuploidy

Chromosomal abnormalities may be somatic cell in origin, in which case they can be detected by a simple blood karyotype analysis. However, most sperm chromosome anomalies arise as a result of errors during meiosis, which cannot be detected by a blood karyotype analysis. These anomalies can only be detected by looking at the sperm chromosomes directly. Studies have shown that sperm with a high rate of aneuploidy have a negative impact on pregnancy rate and are associated with recurrent pregnancy loss.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

TDL Andrology

This test uses fluorescent in situ hybridisation (FISH) to label individual chromosomes with specific probes. Hundreds of sperm are assessed from one ejaculate. There are limitations to the test as only 5 probes are currently used routinely for analysis (three of the 22 autosomes: chromosomes 13, 18 and 21, and the sex chromosomes, X and Y), although others are available upon specific request. The results are reported showing incidence of disomy or nullisomy for each of the autosomes and for both sex chromosomes. A sex chromosome ratio is also reported. It is CE marked.

Instructions for collection of Sperm DNA and Aneuploidy specimens

Sperm DNA Fragmentation or Sperm Aneuploidy testing are not part of the Comprehensive Semen Analysis and need to be requested as a separate test, test code SEXT and SPPL, respectively. Semen samples ideally need to be frozen as soon as possible after liquefaction, but not longer than 60 minutes post ejaculation. Samples must be snap-frozen for Sperm DNA Fragmentation and cryopreserved in TYB for Sperm Aneuploidy. If samples are prepared by another laboratory. Two cryovials containing not less than 0.25 mls of semen is required. Frozen samples can be sent to, or collected by TDL, by arrangement, and must be accompanied with relevant patient details, the sperm count and GDPR consent form. A count of a minimum 1 million/ml is required for accurate DNA and aneuploidy reporting.

Oxidative Stress in Semen (ROS + MIOXSYS) and Male infertility

There is now growing evidence to support a link between oxidative stress and male infertility. It is the underlying cause of sperm DNA damage and impairs semen parameters and fertilisation, adversely affects embryo development and is associated with reduced pregnancy rates. It may also increase the risk of miscarriage. High levels of ROS may be reduced by considering varicocele repair, treatment of underlying infections or inflammation, changes in lifestyle or with antioxidant supplements.

TDL provides a comprehensive assessment of oxidative stress by **combined measurement of Reactive Oxygen Species and Redox Potential**. Please request as oxidative stress test (code **ROS**).

The test includes combined testing for:

- **Chemiluminescence Assay for Reactive Oxygen Species**

  Reactive Oxidative stress may be measured by a simple chemiluminescence test in semen, which measures the level of reactive oxygen species.

- **MIOXSYS Electrochemical Assay for Redox Potential**

  Oxidative stress may be determined by an electrochemical assay which measures the redox potential in semen. This test measures the overall difference between total oxidants and antioxidants in the system.

References

Homa ST, Vessey W, Perez-Miranda A, Riyait T, Agarwal A (2015). Reactive oxygen species (ROS) in human semen: determination of a reference range. J Assist Reprod Genet 32(5):757-64.

Vessey W, Perez-Miranda A, Macfarquhar R, Agarwal A, Homa S. (2014). Reactive oxygen species (ROS) in human semen: validation and qualification of a chemiluminescence assay. Fertil Steril. 102:1576-1583.

If you would like to discuss these tests, or any aspect of this service, please contact TDL Andrology on 020 7025 7940 or 020 7307 7373, or email andrology@tdlpathology.com.

Key: See page 19 for sample taking and special handling instructions.

TDL Andrology

Effects of ROS-induced Oxidative Stress on Sperm

- Lipid peroxidation which damages the sperm surface causing an abnormal morphology and impaired motility.
- Damage to proteins on cell surface responsible for cell signalling and may affect enzyme function inside the cell.
- Increased semen viscosity.
- Peroxidation of DNA and subsequent unravelling or fragmentation.
- Possible mutagenic effects.
- Damage to seminiferous epithelium, damage to tubules, testicular atrophy, reduced spermatogenesis.
- Decrease in sperm vitality, motility.
- Impaired fertilization by affecting sperm capacitation and the acrosome reaction.

Causes of Elevated ROS Levels

- Genito-urinary tract infection
- Prostatitis
- Vasectomy reversal
- Varicocoele
- Cryptorchidism
- Chronic disease
- Xenobiotics
- Chemical pollutants and occupational hazards
- Heavy metal exposure
- Removal of seminal plasma during sperm preparation for assisted conception
- Drugs – cyclophosphamide, aspirin, paracetamol
- Smoking
- Excessive exercise
- Heat exposure
- Obesity
- Age

Semen samples need specialist handling – for this reason all requests for semen analyses should be made by appointment. Practices or patients should contact TDL Andrology on 020 7025 7940 to make appointments and to confirm instructions for sample collection.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Sexual Health

TEST	CODE	SAMPLE REQS	TAT
7 STI's by PCR	PP12	**FCRU/PCR/TPV**	2 days
Chlamydia (PCR swab)	SPCR	**PCR**	2 days
Chlamydia (Thin Prep)	TPCR	**TPV**	2 days
Chlamydia (Urine)	CPCR	**FCRU**	2 days
Chlamydia/Gonorrhoea (PCR Swab)	SCG	**PCR**	2 days
Chlamydia/Gonorrhoea (Rectal)	RSCG	**PCR**	2 days
Chlamydia/Gonorrhoea (Thin Prep)	TCG	**TPV**	5 days
Chlamydia/Gonorrhoea (Throat)	TSCG	**PCR**	2 days
Chlamydia/Gonorrhoea (Urine)	CCG	**FCRU**	2 days
Chlamydia/Gonorrhoea/Trichomonas by PCR	CCGT	**FCRU/PCR/TPV**	2 days
Early Detection Screen PCR/NAAT	STDX	(A) 10mls or 2 x 4mls	3 days
Early Detection Screen PCR/NAAT with Syphilis	STXX	(B) (A) 10mls or 2 x 4mls	3 days
Gardnerella vaginalis by PCR	GVPC	**FCRU/PCR/TPV**	2 days
Gonorrhoea (Culture)	GONN	**CS**	2-3 days
Gonorrhoea (PCR swab)	SGON	**PCR**	2 days
Gonorrhoea (Thin Prep)	TGON	**TPV**	2 days
Gonorrhoea (Urine)	CGON	**FCRU**	2 days
Haemophilus ducreyi by PCR	DUCR	**PCR**	7 days
Hepatitis A Profile	HEPA	(B)	4 hours
Hepatitis B sAg	AUAG	(B)	4 hours
Hepatitis C Antibodies	HEPC	(B)	4 hours
Hepatitis C Antigen (Early detection)	HCAG	(B)	4 hours
Herpes Simplex I/II by PCR (Swab)	HERS	**PCR**	5 days
Herpes Simplex I/II by PCR (Urine)	HERD	**FCRU/PCR/TPV**	4 days
HIV 1 & 2/p24Ag	HDUO	(B)	4 hours
HIV/HBV/HCV Screen by PCR/NAAT	STDX	(A) 10mls or 2 x 4mls	3 days
HIV/HBV/HCV (Early detection by PCR/NAAT) with Syphilis	STXX	(B) (A) 10mls or 2 x 4mls	3 days
HIV Rapid RNA HIV-1 QUALITATIVE	LHIV	(A)	4 hours
HIV Rapid RNA HIV-1 QUANTITATIVE	RHIV	(A)	4 hours
HPV (DNA and reflexed mRNA) by PCR	HPVT	**TPV**	3 days
HPV (HR mRNA types 16, 18 + others)	HPV	**TPV**	2-3 days
HPV (individual low & high risk DNA subtypes)	HP20	**TPV/PCR**	2-3 days
Lymphogranuloma Venerium (LGV)	LGVP	**PCR*** [42]	1-2 weeks
Macrolide Resistance Test (Mgen)	MGR	**FCRU/PCR**	1-2 weeks
Mycoplasma genitalium by PCR	MGEN	**FCRU/PCR/TPV**	2 days
Mycoplasma genitalium/Ureaplasma by PCR	MUPC	**FCRU/PCR/TPV**	2 days
RPR	RPR	(B)	2 days
STD1 M/F STD Quad	STD1	(B) **FCRU**	2 days
STD2 M/F STI Profile Plus (Urine and Serology)	STD2	(B), **FCRU** (If culture swabs are needed please request separately)	4 days

* LGV can be added to a positive chlamydia sample using the same swab if requested within 4 days of receipt of result.

Sexual Health

TEST	CODE	SAMPLE REQS	TAT
STD3 Female STD Quad (PCR Swab and Serology)	STD3	(B) **PCR**	2 days
STD4 Female STI Profile Plus (PCR Swab and Serology)	STD4	(B) **PCR** (If culture swabs are needed please request separately)	4 days
STD5 Serology only	STD5	(B)	4 hours
STD6 Serology only without HIV	STD6	(B)	4 hours
STD8 Vaginitis / BV Profile using culture & PCR SWAB	STD8	**PCR / STM**	3 days
STD9 Symptomatic lesion sample using PCR Swab from lesion & PCR SWAB	STD9	2 x **PCR Swab**	7 days
STI Profile: MSM1	MSM1	(B) / **FCRU / PCR Swab Throat / PCR Swab Rectal**	2 days
STI Profile: MSM2	MSM2	(B) / **FCRU / PCR Swab Throat / PCR Swab Rectal**	3 days
Swab for Culture (Any Site)	SWAB	**STM**	2-4 days
Syphilis by PCR (chancre)	SYPS	**PCR**	5 days
Syphilis IgG/IgM	SERJ	(B)	4 hours
TPPA	TPPA	(B)	2 days
Trichomonas vaginalis by PCR	TVPC	**FCRU / PCR / TPV**	2 days
Ureaplasma by PCR	UGEN	**FCRU / PCR / TPV**	2 days
Vaginitis / BV Profile using culture & PCR SWAB	STD8	**PCR / STM**	3 days

RAPID XPERT HIV-1

For some patients earlier diagnosis of HIV infection is important. **Xpert HIV-1 Qual** is a qualitative test that provides on-demand molecular testing for early diagnosis (from 10 days).

FOR PATIENT ON TREATMENT FOR HIV

Xpert HIV-1 Viral Load accommodates on demand testing and measurement of blood plasma HIV-1 RNA concentration (HIV viral load/40 copies/ml) which has been established as the standard of care in assessing HIV-positive patient prognosis and response to antiretroviral therapy. Assessment of viral load levels is a strong predictor of the rate of disease progression and, by itself or in combination with CD4 T-cell counts, has great prognostic value.

- Improve Patient Care: Same day results support better clinical decisions
- Increase Efficiency: Rapid results enable earlier adjustments to appropriate therapy
- Strengthen Communities: Quick decisions can help reduce drug resistance

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Sexual Health

Chlamydia

Chlamydia is the most common curable STI diagnosed in the UK. Often asymptomatic, anyone who is sexually active is considered to be at increased risk of chlamydia infection. It is the most commonly recognised, screened and treated of all STI's. **Allow 6 weeks before re-testing to avoid picking up the DNA from a previous infection**.

Gonorrhoea

Gonorrhoea is caused by the bacterium *Neisseria gonorrhea*, which multiplies easily in the mucous membranes of the male and female reproductive tract. It can cause serious and permanent health conditions if not treated. Symptoms of gonorrhoea are usually overt in men with white, yellow, or green discharge from the penis. Gonorrhoea can also infect the throat and rectum – individual PCR swabs from **each site** should be taken to screen for gonorrhoea. Resistance to antibiotics is increasing and treatment is now combined oral and injectable antibiotics. **Partners should be treated at the same time with retesting after two weeks to confirm clearance – test of cure is recommended following treatment for gonococcal infections**.

Mycoplasma Genitalium (M.Gen)

M.gen is an important sexually transmitted pathogen detectable only by NAAT. M.gen lacks a cell wall and has limited treatment options. It spontaneously develops resistance to antimicrobials. BASHH recommends treatment with Resistance Guided Therapy – testing for M.gen with macrolide resistance determination. M.gen cannot be cultured for diagnostic testing. M.gen prevalence is higher than GC, and in some populations can be similar to CT. M.gen risk factors are similar to CT and consider testing M.gen in all males with non-GC urethritis and all individuals with signs or symptoms of PID, cervicitis, endometritis, associated infertility, ano-rectal condition or epididymo-orchitis. Partner testing is advised for current partners only. Rectal infections are common, and appear to be an important reservoir for resistance. BASHH guidance – all patients must return for test of cure at 3-5 weeks.

Macrolide Resistance Testing (M.gen)

Prevalence of M.gen in men and women in the general population is 1-2%. *Mycoplasma genitalium* has been implicated as a cause of acute and chronic non-chlamydial non-gonococcal urethritis in males and post coital bleeding, cervicitis, endrometritis and pelvic inflammatory disease in females. It is a sexually transmitted, fastidious microorganism that is extremely difficult to culture – with nucleic acid amplification testing (NAAT urine or swab) being the only method available for routine *M. genitalium* detection. Macrolides are generally considered the first-line treatment for *M. genitalium* infections. However, **resistance to macrolides** seems to be increasing worldwide typically exceeding > 40% in male patients who are detected positive for M.gen at screening.

M.gen can be requested as a single PCR test or with CT/GC, with or without other testing options. Important updates to the UK BASHH *M. genitalium* management guidelines are taking the issue of antimicrobial resistance seriously. The draft guidelines have been posted for consultation and include a grade 1B recommendation to test for antimicrobial resistance, stating the importance of knowing the macrolide resistance status to determine whether azithromycin should be prescribed. The guidelines aim to support laboratories in making a case for increased funding to bring in the necessary testing to manage *M. genitalium* infections and associated antimicrobial resistance.

Ureaplasma

U. Urealyticum and *parvum* are strains of bacteria that can lead to urinary tract infection and pelvic inflammation. Usually asymptomatic, it is part of the normal genital flora of both men and women. It is found in about 70% of sexually active humans. In males with lower sperm quality, ureaplasma infection could lead to a more pronounced decreased in some seminal parameters and compromise sperm motility.

Trichomoniasis

Trichomoniasis is caused by a tiny parasite called *Trichomonas vaginalis* – and is one of the most common STI's worldwide. Frequency of coinfection with other STI's is well recognised, and notably, infection increases the risk of HIV transmission in both men and women. It is associated with adverse pregnancy outcomes, infertility, and cervical neoplasia. Some women may mistake this infection for a yeast infection or bacterial vaginosis since the symptoms are similar: frothy discharge, strong vaginal odour, pain on intercourse, irritation and itching. Men can get trichomoniasis too, but they don't tend to have symptoms. It seems to be linked to male factor infertility. Partners (male or female) need to be treated to avoid ongoing re-infection. Infected women who are sexually active have a high rate of reinfection, **thus re-screening at 3 month post treatment could be considered**.

Gardnerella vaginalis

'Gardnerella vaginalis is a bacterium rather than a sexually transmitted infection. It is part of the normal vaginal flora but, when the normal balance of bacteria in the vagina is disrupted, it can flourish and overgrow leading to bacterial vaginosis. Does it matter if it not an STI? Yes, because it can be characterised by a fishy smelling, white vaginal discharge, itching, burning, and irritation, and there are some known pregnancy and pelvic inflammatory conditions associated with Gardnerella as well as a higher risk of getting other STI's.

In a patient with signs and symptoms suggestive of bacterial vaginosis detection of Gardnerella vaginalis provides supportive evidence of bacterial vaginosis. It can, however, be detected in asymptomatic individuals and it can also be absent in patients with bacterial vaginosis which has been caused by overgrowth of other similar organisms such as Mobiluncus and Atopobium species. Results should be interpreted in line with patient's clinical symptoms and microscopy.

Herpes/Herpes Simplex Virus I/II

Genital herpes caused by the herpes simplex virus (HSV). The virus lives in the nerves and when active it travels to the surface of the infected area and makes copies of itself – called shedding, because new virus cells can at this time rub off onto another person. The virus travels back down the nerve to a ganglion usually at the base of the spine where it lies dormant for a while. It causes painful blisters on the genitalia and surrounding areas. It can be passed through intimate sexual contact and for this reason is referred to as an STI. Once infected, it remains a chronic long term condition with the virus remaining with recurrent activity with variable frequency. There are two types of herpes simplex virus: Type I and Type 2. Both are highly contagious and can be passed easily from one person to another. There is no cure for genital herpes, the symptoms can usually be controlled by antiviral medication. Although using a condom can reduce the risk of herpes transmission, condoms are not 100% effective since herpes can be spread from skin-to-skin.

Lymphogranuloma venereum (LGV)

LGV is a type of chlamydia bacteria that attacks the lymph nodes. It is seen predominantly in gay and bisexual men, and very rarely seen in the UK in heterosexual men and women.

Nearly all LGV infections seen in the UK in recent years have been in the rectum. Within a few weeks of becoming infected, most people get painful inflammation in the rectum with bleeding, pus, constipation or ulcers, sometimes with fever, rash and groin, armpit or neck swelling. Left untreated, LGV can cause lasting damage to the rectum that may require surgery. LGV in the penis might cause a discharge and pain when urinating, with swollen glands in the groin. LGV in the mouth or throat is rare but can cause swollen glands in the neck.

Investigation for possible LGV symptoms is by PCR swab taken from the rectum and penis. If LGV infection is suspected in female patients, cervical and vaginal PCR swabs should be taken. Samples are first tested for chlamydia and if chlamydia is detected, if LGV is suspected, swabs can be further tested, if requested, for LGV as an additional tests, using the same swab samples. Sexual contact partners should also be checked.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

*FAST*est Test Now

Sexual Health Screening – *ahead of expected time*

FAST SSC
Fast Screen *SHORT*

HIV 1&2/p24 Ag
Syphilis IgM/IgG
FAST Urine CT/GC

TAT 4 HOURS*

FSSC

B FCRU

FAST USC
Fast Screen with *URINE*

HIV 1&2/p24 Ag
Hep B sAg
Hep C Abs
Hep C Ag
Syphilis IgG/IgM
FAST Urine CT/GC

TAT 4 HOURS*

FUSC

B FCRU

FAST SSS
Fast Screen *SHORT* with *SWAB*

HIV 1&2/p24 Ag
Syphilis IgM/IgG
FAST Swab CT/GC

TAT 4 HOURS*

FSSS

B PCR

FAST SSC
Fast Screen with *SWAB*

HIV 1&2/p24 Ag
Hep B sAg
Hep C Abs
Hep C Ag
Syphilis IgG/IgM
FAST Swab CT/GC

TAT 4 HOURS*

FSWS

B PCR

FAST SINGLE TESTS

		Sample type
FCT	*FAST* Chlamydia Urine	FCRU
FGN	*FAST* Gonorrhoea Urine	FCRU
FCG	*FAST* CT/GC Urine	FCRU
FSCT	*FAST* Chlamydia PCR Swab	PCR Swab
FSGN	*FAST* Gonorrhoea PCR Swab	PCR Swab
FSCG	*FAST* CT/GC PCR Swab	PCR Swab
FTCG	*FAST* CT/GC Throat PCR Swab	PCR Swab
FRCG	*FAST* CT/GC Rectal PCR Swab	PCR Swab

Key: See page 19 for sample taking and special handling instructions.

Sexual Health

STI's can be caused by virus, fungus, parasite or bacteria. Anyone who is sexually active may be at risk of acquiring an STI. The risk is higher for those with increased numbers of sexual partners, or who have had sex with someone who has/had many partners, or have had unprotected sex.

STI		INCUBATION PERIOD	SAMPLE SITE
Chlamydia CT	Bacterial	1–3 weeks, up to 6 weeks	Urine Cervix/Vagina Cervix/Vagina
Gonorrhoea GC	Bacterial	2–7 days, up to 1 month	Urine Cervix/Vagina Cervix/Vagina Cervix/Vagina
CT/GC Combined	Bacterial	1–3 weeks, up to 6 weeks	Urine Cervix/Vagina Cervix/Vagina Rectum Throat
Mycoplasma genitalium	Bacterial	Symptoms develop at 1–3 weeks	Urine GU Site Cervix/Vagina
Ureaplasma urealyticum	Bacterial	Symptoms develop at 1–3 weeks	Urine GU Site Cervix/Vagina
Trichomonas vaginalis	Parasitic	4–28 days, many patients are asymptomatic carriers	Urine GU Site Cervix/Vagina
Gardnerella vaginalis	Bacterial	Imbalance of normal flora	Urine GU Site Cervix/Vagina
Bacterial Vaginosis (BV)	Bacterial	Imbalance of normal flora	Cervix/Vagina
Herpes Simplex Viral I/II	Viral	2–14 days, testing is most appropriate for patients with symptomatic lesion(s)	Herpes lesion
Human Papillomavirus	Viral	HPV is the most common sexually transmitted infection – usually asymptomatic	Cervical cells Cells/papilloma from site (throat/penile/anal)
Genital warts	Viral	Weeks/months after exposure	GU Warts
Syphilis/Herpes	Bacterial/ Viral	Whenever active lesions are present	Symptomatic lesion

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Sexual Health

TEST	TEST CODE	SAMPLE TYPE	TAT
Chlamydia	CPCR	**First catch Urine**	2 days
Chlamydia	SPCR	**PCR Swab**	2 days
Chlamydia	TPCR	**Thin Prep Vial**	2 days
Gonorrhoea by PCR	CGON	**First Catch Urine**	2 days
Gonorrhoea by PCR	SGON	**PCR Swab**	2 days
Gonorrhoea by PCR	TGON	**Thin Prep Vial**	2 days
Gonorrhoea by CULTURE	GONN	**Black Charcoal swab**	2-3 days
CT/GC	CCG	**First Catch Urine**	2 days
CT/GC	SCG	**PCR Swab**	2 days
CT/GC	TCG	**Thin Prep Vial**	5 days
CT/GC	RSCG	**PCR Swab**	2 days
CT/GC	TSCG	**PCR Swab**	2 days
Mycoplasma genitalium by PCR	MGEN	**First Catch Urine**	2 days
Mycoplasma genitalium by PCR	MGEN	**PCR Swab**	2 days
Mycoplasma genitalium by PCR	MGEN	**Thin Prep Vial**	2 days
Ureaplasma by PCR	UGEN	**First Catch Urine**	2 days
Ureaplasma by PCR	UGEN	**PCR Swab**	2 days
Ureaplasma by PCR	UGEN	**Thin Prep Vial**	2 days
Trichomonas vaginalis by PCR	TVPC	**First Catch Urine**	2 days
Trichomonas vaginalis by PCR	TVPC	**PCR Swab**	2 days
Trichomonas vaginalis by PCR	TVPC	**Thin Prep Vial**	2 days
Gardnerella vaginalis by PCR	GVPC	**First Catch Urine**	2 days
Gardnerella vaginalis by PCR	GVPC	**PCR Swab**	2 days
Gardnerella vaginalis by PCR	GVPC	**Thin Prep Vial**	2 days
Bacterial Vaginosis (BV) Profile by both MICROSCOPY and PCR	STD8	**Both Microscopy & PCR swab**	3 days
Herpes by PCR	HERS	**PCR Swab**	5 days
Herpes by PCR	HERD	**First Catch Urine**	4 days
HPV DNA/mRNA	HPVT	**Thin Prep Vial**	3 days
HPV Typed DNA	HP20	**PCR Swab**	2-3 days
HPV Typed DNA	HP20	**Cells / Papilloma**	2-3 days
HPV Typed DNA	HPVT	**Thin Prep Vial**	3 days
HPV Typed DNA	HP20	**PCR Swab**	2-3 days
HPV Typed DNA	HP20	**Cells / Papilloma**	2-3 days
Syphilis/Herpes Lesion Profile	STD9	**PCR Swab**	7 days

Key: See page 19 for sample taking and special handling instructions.

Sexual Health

BLOOD		INCUBATION PERIOD	SAMPLE SITE
Syphilis	Bacterial	9–21 days, but up to 90 days	Blood
Herpes Simplex Virus I/II	Viral	IgG 4–6 weeks after exposure IgM 5–35 days after exposure, after which test IgG	Blood Blood
HIV	Viral	Usually 10–90 days, but up to 180 days	Blood Blood
Hep B	Viral	Usually 45–180 days, average of 60–90 days	Blood Blood
Hep C Ab	Viral	Usually 9–180 days, average of 45–65 days	Blood Blood
Hep C Ag	Viral	Usually 9–180 days, average of 45–65 days	Blood Blood

EARLY DETECTION PROFILES BY PCR	INCUBATION PERIOD	SAMPLE SITE
7 STIs by PCR	One sample for 7 STI Tests	Urine Cervix Vagina
HIV / HBV / HCV	Early Detection Screen by PCR Multiplex (HIV from 10 days)	Blood

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Sexual Health

TEST	TEST CODE	SAMPLE TYPE	TAT
Syphilis IgG / IgM	SERJ	B	4 hours
Herpes IgG (past infection)	HERP	B	2 days
Herpes IgM (current / recent)	HERM	B	2 days
HIV I&II / p24 antigen (screening from 28 days)	HDUO	B	4 hours
Hep B surface antigen	AUAG	B	4 hours
Hep C Antibodies	HEPC	B	4 hours
Hep C Antigen (See table on page 89)	HCAG	B	4 hours

TEST	TEST CODE	SAMPLE TYPE	TAT
Chlamydia **Gonorrhoea** **Mycoplasma genitalium** **Macrolide Resistance Test (M.gen)*** **Ureaplasma genitalium** **Trichomonas vaginalis** **Gardnerella vaginalis** **Herpes Simplex I/II** **included if POSITIVE M.gen is detected from the same sample*	PP12 PP12 PP12	**Thin Prep Vial** or **First Catch Urine** or **PCR Swab**	2 days 2 days 2 days
HIV 1&2 RNA **Hepatitis B (HBV DNA)** **Hepatitis C (HCV RNA)**	STDX	A 10mls or 2 x 4mls	3 days

Sexual Health

STD1 M/F STD QUAD (Urine and Serology)

Serology
HIV 1&2/p24 antigen
Syphilis IgG/IgM

Urine
Chlamydia
Gonorrhoea

TAT 2 DAYS

STD1

B FCRU

STD2 M/F STI PROFILE PLUS (Urine and Serology)

Serology
HIV 1&2/p24 antigen
Hep B surface Antigen
Hep C Abs/Hep C Ag
Syphilis IgG/IgM

Urine
Chlamydia/Gonorrhoea
Mycoplasma genitalium
Ureaplasma
Trichomonas vaginalis
Gardnerella vaginalis
Herpes Simplex I/II

TAT 4 DAYS

STD2

B FCRU If culture swabs are needed please request separately

STD3 FEMALE STD QUAD (PCR swab and Serology)

Serology
HIV 1&2/p24 antigen
Syphilis IgG/IgM

Vaginal PCR Swab
Chlamydia
Gonorrhoea

TAT 2 DAYS

STD3

B PCR

STD4 FEMALE STI PROFILE PLUS (PCR swab and Serology)

Serology
HIV 1&2/p24 antigen
Hep B surface Antigen
Hep C Abs/Hep C Ag
Syphilis IgG/IgM

Vaginal PCR Swab
Chlamydia/Gonorrhoea
Mycoplasma genitalium
Ureaplasma
Trichomonas vaginalis
Gardnerella vaginalis
Herpes Simplex I/II

TAT 4 DAYS

STD4

B PCR If culture swabs are needed please request separately

STD5 SEROLOGY ONLY

HIV 1&2/p24 Antigen
Hepatitis B Surface Antigen
Hep C Abs
Hep C Ag (early detection)
Syphilis IgG/IgM

TAT 4 HOURS

STD5

B

STD6 SEROLOGY ONLY WITHOUT HIV

Hepatitis B Surface Antigen
Hep C Abs
Hep C Ag (early detection)
Syphilis IgG/IgM

TAT 4 HOURS

STD6

B

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Sexual Health

STD8 VAGINITIS / BV PROFILE USING CULTURE & PCR SWAB

Candida species
Gardnerella vaginalis by PCR
Trichomonas vaginalis by PCR

TAT 3 DAYS

STD8

PCR STM

STD9 SYMPTOMATIC LESION SAMPLE USING PCR SWAB FROM LESION

Syphilis by PCR
Herpes Simplex I/II by PCR
(from single swab)

TAT 7 DAYS

STD9

PCR PCR

HIV / HBV / HCV SCREEN
(HIV1/HIV2/HBV/HCV by PCR/NAAT)

HIV1 and HIV2 (RNA)
Hepatitis B Virus (HBV DNA)
Hepatitis C Virus (HCV RNA)

Samples must be received in the laboratory within 2 days of sample taking

TAT 3 DAYS

STDX

A 10mls or 2 x 4mls

EARLY DETECTION SCREEN WITH SYPHILIS
(HIV1/HIV2/HBV/HCV by PCR/NAAT)

HIV1 and HIV2 (RNA)
Hepatitis B Virus (HBV DNA)
Hepatitis C Virus (HCV RNA)
Syphilis IgG/IgM

Samples must be received in the laboratory within 2 days of sample taking

TAT 3 DAYS

STXX

B A 10mls or 2 x 4mls

CT/GC/TRICHOMONAS/MGEN

Chlamydia
Gonorrhoea
Trichomonas vaginalis
Mycoplasma genitalium
Macrolide Resistance Test (Mgen)*

All tests can be requested individually

**included if POSITIVE M.gen is detected from the same sample.*

NEW 2020

TAT 2 DAYS

CGTM (Urine) / SGTM (Swab)

FCRU OR PCR Swab

7 STI PROFILE BY PCR (7 TESTS FROM 1 SAMPLE)
(Urine, Swab, Thin Prep or Semen)

Chlamydia trachomatis
N. Gonorrhoea
Mycoplasma genitalium
Macrolide Resistance Test (M.gen)*
Ureaplasma
Trichomonas vaginalis
Gardnerella vaginalis
Herpes Simplex I/II

All tests can be requested individually

**included if POSITIVE M.gen is detected from the same sample.*

TAT 2 DAYS

PP12

FCRU OR PCR Swab OR TPV OR Semen

Sexual Health

STI Profile: MSM1

HIV 1&2/p24 Ag
Syphilis IgG/IgM
Urine for CT/GC
Throat Swab CT/GC
Rectal Swab CT/GC

TAT 2 DAYS

MSM1

B FCRU | PCR Swab Throat | PCR Swab Rectal

STI Profile: MSM2

HIV 1&2/p24 Ag
Syphilis IgG/IgM
7 STI by PCR Screen
Throat Swab CT/GC
Rectal Swab CT/GC
Macrolide Resistance Test (M.gen)*
Hep B sAg
Hep C Abs

TAT 3 DAYS

MSM2

B FCRU | PCR Swab Throat | PCR Swab Rectal

RAPID XPERT HIV-1

For some patients earlier diagnosis of HIV infection is important. **Xpert HIV-1 Qual** is a qualitative test that provides on-demand molecular testing for early diagnosis (from 10 days).

FOR PATIENT ON TREATMENT FOR HIV

Xpert HIV-1 Viral Load accommodates on demand testing and measurement of blood plasma HIV-1 RNA concentration (HIV viral load/40 copies/ml) which has been established as the standard of care in assessing HIV-positive patient prognosis and response to antiretroviral therapy. Assessment of viral load levels is a strong predictor of the rate of disease progression and, by itself or in combination with CD4 T-cell counts, has great prognostic value.

- Improve Patient Care: Same day results support better clinical decisions
- Increase Efficiency: Rapid results enable earlier adjustments to appropriate therapy
- Strengthen Communities: Quick decisions can help reduce drug resistance

RAPID XPERT HIV-1 RNA QUALITATIVE
EARLY DETECTION FROM 10 DAYS

HIV-1 RNA

Sample must be received in the laboratory within 24 hours of sample taking

TAT 4 HOURS

LHIV

A

RAPID XPERT HIV-1 RNA VIRAL LOAD
RAPID TESTING FOR HIV-POSITIVE PATIENT PROGNOSIS AND RESPONSE TO ANTIRETROVIRAL THERAPY

HIV-1 RNA VIRAL LOAD (40 copies/ml)

Sample must be received in the laboratory within 24 hours of sample taking

TAT 4 HOURS

RHIV

A

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Immunology

TEST	CODE	SAMPLE REQS	TAT
Acute Viral Hepatitis Screen	AHSC	B	4 hours
Adrenal Cortex Antibodies	ACTX	B	2 days
ANCA (Anti-Neutrophil Cytoplasmic Abs)	ANCA	B	2 days
Anti-Actin Antibodies	AAA	B	5 days
Anti-Basal Ganglia Antibodies	ABGA	B	3 weeks
Anti CCP Antibodies (RF)	CCP	B	2 days
Anti-Liver Cytosol Antibodies	ALCA	B	5 days
Anti-MOG [Myelin Oligodendrocyte Glycoprotein] Antibodies	AMOG	B	3 weeks
Anti-MUSK Antibodies	MUSK	B	2 weeks
Anti Phospholipase A2 Receptor	AA2R	B	3 weeks
Anti-Ri Antibodies	RIAB	B	3 days
Anti Sla (Soluble Liver Antigen) Abs	LSA	B	10 days
Antinuclear Antibodies (titre & pattern)	ANAB	B	2 days
Antistaphylolysin Titre (SGOT)	ASTT	B	2 days
Antistreptolysin Titre/ASOT	ASLT	B	2 days
Antisulfatide Antibodies	ASA	B	5 weeks
Aquaporin 4 Antibodies (Neuromyelitis Optica)	AQUA	B	2 weeks
Autoantibody Profile I	AUTO	B	2 days
Autoantibody Profile II	ENDO	B	2 days
Avian Precipitins (11 Species)	AVIA	B	5 days
Beta 2 Glycoprotein 1 Abs	B2GP	B	5 days
Borrelia Antibodies (Lyme Disease) IgG, IgM – see page 83	BORR	B [9,14]	2 days
Borrelia Antibodies (Lyme Disease) IgM – see page 83	BORM	B	2 days
Borrelia Confirmation (Immunoblot) – see page 83	BORC	B [9,14]	10 days
Brucella Serology	BRUC	B [9]	2-3 weeks
C1 Esterase Inhibitor	C1EI	B	5 days
C3 Complement	C3	B	4 hours
C3/C4 Complement	COMP	B	4 hours
C4 Complement	C4	B	4 hours
Calprotectin/Elastase Profile	CEP	**RF**	5 days
Calprotectin	CALP	**RF**	5 days
Campylobacter Jejuni Antibodies	CJAB	B	5 days
Candida Antibodies	CANA	B	5 days
Candida Antigen	CCAG	B	5 days
Cardiolipin Antibodies (IgG+IgM)	ACAB	B	2 days
Cartilage Antibodies	ACA	B	5 days
CCP Antibodies (RF)	CCP	B	2 days
Centromere Autoantibodies	CAB	B	2 days
CH50 (Classical pathway)	CH50	B (Frozen) [4]	4 days
Chlamydia Species Specific Ab Screen	CHAB	B	2 days
Chronic Fatigue Syndrome Profile	VIP1	A or **Chex+** B [10]	5 days
Coeliac/Gluten Sensitivity Profile	GSA	B	2 days

Immunology

TEST	CODE	SAMPLE REQS	TAT
Coeliac/Gluten Profile 2	GSA2	A B	10 days
Colloid Antigen-2 Antibodies	CA2A	B	2 weeks
Cotinine (Serum)	COT	B	2 days
Cotinine (Urine)	COTT	RU	2 days
Cryoglobulins	CRYO	J[6]	10 days
Diamine Oxidase Activity	DIAM	B	2 weeks
DNA (Double Stranded) Antibodies	DNAA	B	2 days
DNA (Single Stranded) Antibodies	DNAS	B	5 days
Echinococcus (Hydatid) Antibodies	EFAT	B[9,14]	5 days
Elastase (Faecal)	ELAS	RF	5 days
Elastase / Calprotectin Profile	CEP	RF	5 days
Endomysial Antibodies (IgA)	AEAB	B	2 days
Extractable Nuclear Antibodies (nRNP, Sm, Ro, La, Jo1, Scl70) CENP-B	ENA	B	2 days
Faecal Elastase	ELAS	RF	5 days
Farmers Lung Precipitins	FARM	B	5 days
Fasciola Hepatica Antibodies (Liver Fluke)	FASC	B	2 weeks
Ganglionic Acetylcholine Receptor Antibodies	GACA	B	1 month
Ganglioside GM1, GD1B, GQ1B Abs	GANG	B	5 days
Gastric Parietal Autoantibodies	GASP	B	2 days
Gliadin Antibodies (IgG) (deamidated)	AGAB	B	2 days
Glomerular Basement Membrane Abs	AGBM	B	2 days
Glutamic Acid Decarboxylase Antibodies (GAD 65)	GAD	B	5 days
Gluten Allergy Profile	GLUT	A B B	10 days
Gluten Sensitivity Evaluation	GSA	B	2 days
Gluten/Coeliac Profile 2	GSA2	A B	10 days
Granulocyte Immunology	GRIM	A A	2 weeks
H. pylori Antibodies (IgG)	HBPA	B	2 days
H. pylori Antigen (Breath)	HBQT	J	5 days
H. pylori Antigen (Stool)	HBAG	RF	3 days
Haemophilus B Influenzae Antibodies	HINF	B	7 days
Histamine	HITT	A (Frozen plasma)	5 days
Histamine (Urine)	HITU	RU	5 days
Histamine Releasing Urticaria Test	CURT	B	10-14 days
Histone Antibodies	HISA	B	5 days
Histoplasmosis	HISP	B	10 days
HLA B27	HLAB	A[9]	3 days
Human Anti-Mouse Antibodies	HAMA	B (Frozen)	6 weeks
IgE (Total)	IGE	B	1 day
Immune-Complexes	IMCP	B	5 days
Immunoglobulins (IgG, IgM, IgA)	IMM	B	4 hours
Inner Ear Antigen (Ottoblot)	IEA	B	3 weeks
Insulin Antibodies	INAB	B	5 days
Interferon – Alpha	IFA	B (frozen)[9]	3 weeks

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Immunology

TEST	CODE	SAMPLE REQS	TAT
Interferon – Gamma	IFG	A (frozen)	3 weeks
Interleukin 1 Beta	ILB	B (frozen)[4,7]	1-2 weeks
Interleukin 2	IL2	B (frozen)[4,7]	1-2 weeks
Interleukin 4	IL4A	B (frozen)[4,7]	1-2 weeks
Interleukin 6	IL6	B (frozen)[4,7]	1-2 weeks
Interleukin 8	IL8	B (frozen)[4,7]	1-2 weeks
Interleukin 10	IL10	B (frozen)[4,7]	1-2 weeks
Interleukin 28b Genotype	IL28	A	2 weeks
Intrinsic Factor Antibodies	IFAB	B	2 days
Islet Cell Antibodies	ICAB	B	2 days
Legionella Antibodies	LEGO	B	2 days
Legionella Urine Antigen	LEGA	**RU**	1 day
Leptospirosis (Weil's Disease) Abs (IgM)	LEP	B	5 days
Leukotriene E4	LTE4	**CU** (Frozen)	3 weeks
Liver Immunoblot	LIV1	B	5 days
Liver Kidney Microsomal Antibodies	LKM	B	2 days
Lupus Anticoagulant and Anticardiolipin Abs	LUPA	B C[4,18]	2 days
Lyme Disease (Borrelia Abs) IgG, IgM	BORR	B[9,14]	2 days
Lyme Disease (Borrelia Abs) IgM	BORM	B	2 days
Meningococcal Abs	MENI	B	2-4 weeks
Mitochondrial Antibodies	AMIT	B	2 days
Mitochondrial Antibodies M2	MAM2	B	2 days
Myasthenia Gravis Evaluation	MGE	B	5 days
Myelin Associated Glycoprotein Antibodies	MAG	B	5 days
Myelin Basic Protein Antibodies	MBPA	B	2 weeks
Myeloperoxidase Antibodies	MPO	B	2 days
Myocardial Antibodies	MYO	B	1 week
Myositis Panel	MYOS	B	2 days
Neuronal Antibody (Hu, Ri, Yo, Cv2, Ma2)	NEUR	B	10 days
NMDA Receptor Antibodies	NMDA	B	3 weeks
Nucleic Acid Antigen Antibodies	DNA	B	2 days
Oligoclonal Bands	CSFO	**CSF**+ B	5 days
Ovarian Autoantibodies	OVAB	B	2 days
Paragomius Serology	PRGM	B	2 weeks
Parathyroid Antibodies	PTHA	B	1 week
Pemphigus/Pemphigoid Autoantibodies	SKAB	B	2 days
Pituitary Antibodies	PITU	B[4]	1 month
Pneumococcal Antibodies – Serotype Specific	PASS	B	5 weeks
Pneumococcal Antibody Screen	PNEU	B	7 days
Proteinase 3 Ab	PR3	B	2 days
Purkinje Cell Antibody (Hu and Yo)	NEUR	B	10 days
Rheumatoid Factor (Latex Test)	RF	B	1 day
Rheumatology Profile 1 (Screen)	RH	A B	2 days
Rheumatology Profile 2 (Connective tissue)	RH2	A A B B	3 days

Key: See page 19 for sample taking and special handling instructions.

Immunology

TEST	CODE	SAMPLE REQS	TAT
Rheumatology Profile 3 (Rheumatoid/Basic)	RH3	A B	2 days
Rheumatology Profile 4 (Systemic Lupus)	RH4	A B B	2 days
Rheumatology Profile 5 (Mono Arthritis)	RH5	A A B B	3 days
Rheumatology Profile 6 (Rheumatoid Plus)	RH6	B	2 days
Rheumatology Profile 7 (Sjogren's Syndrome)	RH7	B	2 days
Rickettsial Species Antibody Profile	RICK	B	7 days
RPR (VDRL)	RPR	B	2 days
Saccharomyces Cerevisiae Antibodies	ASCA	B	2 weeks
Salivary Duct Antibodies	SAB	B	12 days
Scleroderma Immunoblot	SCL1	B	5 days
Sjogren's Syndrome	RH7	B	2 days
Skin (Pemphigus/Pemphigoid) Autoantibodies	SKAB	B	2 days
Skin Antibodies by Immunofluorescence	STSK	B	1 month
Smooth Muscle Antibodies	ASMO	B	2 days
Sperm Antibodies (Serum)	ASAB	B	5 days
Steroid Cell Antibody	SCA	B	2 days
Striated/Skeletal Muscle Antibody	STRA	B	2 days
Strongyloides Antibodies	STGA	B	10 days
Syphilis IgG/IgM	SERJ	B	4 hours
TB Quantiferon®-TB Gold*	TBQ4	**Special tubes** or H [1]	3 days
Testicular Autoantibodies	TAB	B	2 days
Tetanus Antibody	TETA	B	5 days
Thyroid Abs (incl. Thyroglobulin + Thyroid Peroxidase Abs)	THAB	B	1 day
Thyroid Peroxidase Antibodies/Anti TPO	TPEX	B	1 day
Tissue Transglutaminase IgA (Coeliac)** see page 77	TAA	B	2 days
Tissue Transglutaminase IgG	TAAG	B	5 days
Torch Screen	TORC	B	2 days
Total Immune Function Evaluation	TIE	A or **Chex**+B [5,10]	7 days
Total Immunoglobulin E	IGE	B	1 day
TPPA	TPPA	B	2 days
TSH-Receptor Antibodies	TSI	B	4 days
Urinary Methyl Histamine	UHIT	**RU** (Frozen)	2 weeks
Urticaria Test (Histamine Releasing)	CURT	B	10-14 days
Vascular Endothelial Growth Factor	VEGF	B	2 months
VDRL (RPR)	RPR	B	2 days
Voltage Gated Calcium Channel Antibodies	CCAB	B	3 weeks
Voltage Gated Potassium Channel Antibodies	VPCA	B	3 weeks
Yellow Fever Antibodies	YELL	B [9,14]	10 days
Zika Antibodies IgM & IgG (see page 79)	ZKAB	B	5 days

* Please indicate clearly if samples have/have not been incubated prior to sending to the laboratory. If Lith Hep (green top) tube is used, please request as TBQ4 and ensure sample is received in the laboratory within 16 hours of sample taking.

** If Tissue Transglutaminase (TAA) is regulated and is LOW (<0.1U/ml) total IgA will be reflexed. If total IgA is low (<0.1g/L) deamidated gliadin IgG will be reflexed. If Tissue Transglutaminase (TAA) is HIGH (>10 U/ml), endomysial IgA will be reflexed as confirmatory test.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Immunology

HLA DQ2/DQ8

TEST	CODE	SAMPLE REQS	TAT
Coeliac Disease Profile 2	GSA2	A B	10 days
Coeliac Disease – HLA DQ2/DQ8 Genotype	Q2Q8	A[9]	10 days
Coeliac/Gluten Sensitivity Profile	GSA	B	2 days

GLUTEN SENSITIVITY EVALUATION (COELIAC DISEASE ANTIBODY)

Endomysial IgA
Gliadin deamidated IgG
Total IgA
Tissue Transglutaminase (IgA)

TAT 2 DAYS

GSA

B

COELIAC DISEASE PROFILE 2

Endomysial IgA
Gliadin deamidated IgG
Total IgA
Tissue Transglutaminase (IgA)
HLA DQ2/DQ8

TAT 10 DAYS

GSA2

A B

GLUTEN ALLERGY PROFILE

Gluten single IgE Allergen
Endomysial Abs IgA
Gliadin Abs deamidated IgG
Tissue Transglutaminase IgA
HLA DQ2/DQ8
Total IgA

TAT 10 DAYS

GLUT

A B B

To determine the new Coeliac Pathway, a TDL audit of more than 12,000 requests for coeliac testing was carried out and results assessed within UKAS current guidelines. The purpose of these new guidelines is to reduce the risk of missing IgA deficient patients. The new pathway covers for this by adding a total IgA to all low **Tissue Transglutaminase (TGG)** IgA results to check for an IgA deficiency. If an IgA deficiency is identified, a reflex deamidated gliadin IgG will be carried out to determine whether the patient is likely to have coeliac disease with an IgG antibody.

The changes are as follows:

1 **Initial TTG IgA samples are received and tested**

2 **If TTG IgA is LOW <0.1 U/ml reflex testing for Total IgA will be undertaken**

3 **If Total IgA is LOW <0.1 g/L then reflex testing for Gliadin IgG test will be undertaken**

If TTG IgA is HIGH (>/= 10 U/ml then reflex testing for Endomesial IgA will be undertaken as a confirmatory test.

Endomysial IgA

- This is no longer available as a stand-alone test. If requested the request will default to TTG IgA.
- However if TTG IgA is positive endomysial IgA will be carried out as a confirmatory test. This only needs to be done once in the patients history.

Endomysial IgG requests

- No longer available as a single test request.

Immunology

Deamidated gliadin IgA requests

- This is no longer available. If requested the request will default to TTG IgA.

Deamidated gliadin IgG requests

- This can be requested as an individual standalone test as well as being incorporated into the coeliac pathway. This may be useful when testing children's samples.

Appropriate clinical comments will be added to results automatically – as follows:

TTG IgA result U/ml	Total IgA result for new assay g/L	Deamidated gliadin IgG result U/ml	Comment
0.1 to 10	N/A	N/A	Coeliac disease unlikely (please note that if the patient has no dietary gluten results may appear false negative)
>/= 10	N/A	N/A	Suggestive of coeliac disease
<0.1	>/= 0.1	N/A	Coeliac disease unlikely (please note that if the patient has no dietary gluten, results may appear false negative)
<0.1	<0.1	>/=10	Consistent with coeliac disease in a patient with selective IgA deficiency
<0.1	<0.1	<7	Coeliac disease unlikely (please note that if the patient has no dietary gluten, results may appear false negative)
<0.1	<0.1	7-10	Result equivocal suggest referral to a gastroenterologist for consideration of duodenal biopsy

Coeliac Disease (CD) is an immune-mediated disease of the intestines that is triggered by the ingestion of gluten in genetically susceptible individuals. Gluten is the major protein component of wheat, rye, and barley. Genetic predisposition does play a key role in CD, and it is well known that CD is strongly associated with specific HLA class II genes known as HLA-DQ2 and HLA-DQ8. Approximately 95% of CD patients express HLA-DQ2, and the remaining patients are usually HLA-DQ8 positive. The negative predictive value for both tests is higher than 99%. However, the HLA-DQ2 allele is common and is carried by approximately 30% of Caucasian individuals. Thus, HLA-DQ2 or HLA-DQ8 is necessary for disease development but is not sufficient for disease development; its estimated risk effect is only 36-53%.

Note: History taking is important if a patient has been on a gluten-free diet for 6-12 months, approximately 80% will lose their antibody response. After 5 years this increases to >90%.

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Immunology

AUTOANTIBODY PROFILE I

Thyroid Peroxidase Antibodies
Antinuclear Antibodies
Mitochondrial Antibodies
Smooth Muscle Antibodies
Gastric Parietal Cell Antibodies
LKM

TAT 2 DAYS

AUTO

B

AUTOANTIBODY PROFILE II

Thyroid Peroxidase Antibodies
Islet Cell Antibodies
Adrenal Antibodies
Gastric Parietal Cell Antibodies
Gonadal (Ovarian/Testicular) abs

TAT 2 DAYS

ENDO

B

CHLAMYDIA SPECIES SPECIFIC (MIF) ANTIBODY SCREEN

Chlamydia trachomatis (serovar A-K & L1-L3)
Chlamydia pneumoniae
Chlamydia psittaci

TAT 2 DAYS

CHAB

B

FAECAL CALPROTECTIN ELASTASE PROFILE

Faecal Calprotectin
Faecal Elastase

TAT 5 DAYS

CEP

RF

CHRONIC FATIGUE SYNDROME PROFILE

Epstein-Barr Virus Antibody Profile
Lymphocyte Subsets (CD4/CD8)*
CRP
Vitamin D (25 OH)

TAT 5 DAYS

VIP1

A OR CHEX + B [10]

ZIKA VIRUS

HFEA guidelines recommend that travellers returning from high or moderate risk areas should consider the following guidance to minimise the risk of Zika virus transmission:

- A female traveller, symptomatic or asymptomatic, should not try to conceive naturally, donate gametes or proceed with fertility treatment for 28 days
- A male traveller, symptomatic or asymptomatic, should not try to conceive naturally, donate gametes or proceed with fertility treatment for 6 months

The European Centre for Disease Prevention and Control (ECDC) guidance outlines that men should not donate sperm for six months after sexual contact with a man who has been diagnosed with a Zika virus infection in the six months preceding the sexual contact, or after sexual contact with a woman who has been diagnosed with a Zika virus infection in the eight weeks preceding the sexual contact. Sperm donors who are known to have been infected with Zika virus should be deferred from donation for six months unless semen samples test negative for Zika virus RNA by nucleic acid testing (NAT). If sperm donation cannot be postponed, donors can be accepted if both serology (taken at least 4 weeks after leaving the Zika-affected country) and semen NAT tests for Zika are negative.

TEST	CODE	SAMPLE REQS	TAT
Zika Abs IgM and IgG – Antibody detection from 15 days	ZKAB	B	5 days
Zika RT PCR – Window of detection from 1-7 days from onset of symptoms	ZIKA	B	5-7 days
Zika RT PCR – Window of detection from 1-14 days from onset of symptoms	ZIKU	RU	5-7 days
Zika RNA by PCR in Semen (see page 81)	ZIKS	Semen	5 days

Immunology

RHEUMATOLOGY PROFILE 1

FBC
ESR
Uric Acid
RF
Anti CCP Antibodies (RF)
C Reactive Protein

TAT 2 DAYS

RH

A B

RHEUMATOLOGY PROFILE 2
General screen for Connective Tissue Disorders

FBC
ESR
Uric Acid
Antinuclear Autoantibodies
Anti-dsDNA
Antibodies to Extractable Nuclear Antigens (ENA)
- *Anti nRNP*
- *Anti Sm*
- *Anti Ro (SS-A)*
- *Anti La (SS-B)*
- *Anti Jo-1*
- *Anti Scl 70*
- *Anti CENP*

RF
Anti CCP Antibodies
HLA B27
C Reactive Protein
CENP-B

TAT 3 DAYS

RH2

A A B B

RHEUMATOLOGY PROFILE 3
Rheumatoid Disease

FBC
ESR
Uric Acid
RF
Anti CCP Antibodies (RF)
Antinuclear Autoantibodies
C Reactive Protein

TAT 2 DAYS

RH3

A B

RHEUMATOLOGY PROFILE 4
Systematic Lupus Erythematosus

FBC
ESR
Antinuclear Autoantibodies
Anti-dsDNA
Antibodies to Extractable Nuclear Antigens (ENA)
- *Anti nRNP*
- *Anti Sm*
- *Anti Ro (SS-A)*
- *Anti La (SS-B)*
- *Anti Jo-1*
- *Anti Scl 70*
- *Anti CENP*

RF
Anti CCP Antibodies
Anti Cardiolipin Autoantibodies
Complement 3,4
C Reactive Protein

TAT 2 DAYS

RH4

A B B

RHEUMATOLOGY PROFILE 5
Mono Arthritis

FBC
ESR
Uric Acid
RF
Anti CCP Antibodies (RF)
Antinuclear Autoantibodies
C Reactive Protein
HLA B27

TAT 3 DAYS

RH5

A A B B

RHEUMATOLOGY PROFILE 6
Rheumatoid Factor

RF
Anti CCP Antibodies (RF)
C Reactive Protein

TAT 2 DAYS

RH6

B

RHEUMATOLOGY PROFILE 7
Sjogren's Syndrome

Anti RO (SS-A)
Anti La (SS-B)
Salivary duct antibodies (SAB)
C Reactive Protein

TAT 2 DAYS

RH7

B

Patients with Irritable Bowel Syndrome (IBS) may benefit by testing for **Calprotectin**, see page 73 for details.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Tropical and travel related immunology

	TEST	CODE	SAMPLE REQS	TAT
	Amoebic (E. histolytica) Antibodies	AFAT	B	2 days
	Amoebic (E. histolytica) PCR	AMAG	**RF**	2 days
	Bilharzia (Schistosome) Antibodies see page 82	BILH	B[14]	10 days
	Bilharzia (Schistosome) Antigen	SHAG	B	15 days
	Bilharzia (Urine)	USCH	**RU**[14]	8 hours
	Borrelia Antibodies (Lyme Disease) IgG, IgM	BORR	B[9,14]	2 days
	Borrelia Antibodies (Lyme Disease) IgM	BORM	B	2 days
	Borrelia Confirmation (Immunoblot)	BORC	B[9,14]	10 days
	Cryptosporidium Antigen Detection	CRPA	**RF**	1 day
	Dengue Virus Serology	DENG	B[9,14]	5 days
	DVT/Pre-travel Screen (see profile)	DVT1	A A B[9]	5 days
	Echinococcus (Hydatid) Antibodies	EFAT	B[9,14]	5 days
CHANGE	**Enteric Organism Rapid Detection**	EORD	**RF**	2 days
	Filaria (Lymphatic and Non-Lymphatic) Antibodies	FIFA	B[9,14]	10 days
	Insect/Worm/Ova/Cysts	FLEA	**Send Specimen**[9,14]	5 days
	Leishmania Antibodies	LEIS	B	5 days
	Malarial Antibodies (Pl. falciparum)	MALA	B[9,14]	5 days
	Malarial Antibodies (species specific)	MALS	B[9,14]	10 days
	Post-Travel Screen 1	PTS	A A B G[14]	10 days
	Post-Travel Screen 2	PTS2	A A B B B G[14]	10 days
	Pre-Travel Screen (DVT)	DVT1	A A B[9]	5 days
	Rickettsial Species Antibody Profile	RICK	B	7 days
	Schistosome (Bilharzia) Antibodies	BILH	B 14	10 days
	Schistosome Antigen	SHAG	B	15 days
	Toxoplasma Antibodies (IgG+IgM)	TFAM	B[9]	4 hours
	Tropical Screen	TROP	B B[9,14]	10 days
	Zika Abs IgM and IgG – Antibody detection from 15 days	ZKAB	B	5 days
	Zika RT PCR – Window of detection from 1-7 days from onset of symptoms	ZIKA	B	5-7 days
	Zika RT PCR – Window of detection from 1-14 days from onset of symptoms	ZIKU	**RU**	5-7 days
	Zika RNA by PCR in Semen	ZIKS	**Semen**	5 days

COLLECTION INSTRUCTION FOR ZIKA RNA BY PCR IN SEMEN

- 2 fresh semen samples required produced within one week. Sperm quality/fertility is not being assessed so collection times do not require abstinence. There is a charge for each sample.
- Small fresh volume (1ml) of semen needed in standard universal container.
- Please notify the laboratory (020 7307 7373) that semen is being sent to the laboratory for Zika Virus by PCR.
- Results will be reported individually as Detected/Not Detected.
- Patients can be asymptomatic/symptomatic. Travel history is not required.
- Please do not send samples to the laboratory on Fridays, Saturdays or Sundays.
- Do not freeze semen.

Tropical and travel related immunology

TROPICAL SCREEN
(from 6 weeks post-travel)

Amoebic Antibodies
Schistosomal Antibodies (Bilharzia)
Echinococcus Antibodies (Hydatid)
Leishmania Antibodies
Malarial Antibodies (IFA)
Toxoplasma Antibodies IgG
Toxoplasma Antibodies IgM

TAT 10 DAYS

TROP

B B [9,14]

POST-TRAVEL SCREEN 1
(Prior to 6 weeks)

Haematology Profile
Biochemistry Profile
Schistosome Abs
Malarial Abs

TAT 10 DAYS

PTS

A A B G [14]

POST-TRAVEL SCREEN 2
(Prior to 6 weeks)

Haematology Profile
Biochemistry Profile
Schistosome Abs
Malarial Abs
Hep A IgM Abs
Hep B s Ag
Hep C Abs
Hep C Ag
HIV Duo

TAT 10 DAYS

PTS2

A A B B B G [14]

DVT/PRE-TRAVEL SCREEN

FBC
Factor II Prothrombin Gene
Factor V Leiden
Anticardiolipin Antibodies

TAT 5 DAYS

DVT1

A A B [9]

ENTERIC ORGANISM RAPID DETECTION

Detection of Bacterial, Viral and Parasitic Infection by Multiplex Real-Time PCR

Bacteria and Bacterial Toxins
C. difficile Toxin A/B gene, Campylobacter spp., Enteroaggregative E.coli (EAEC), Enteroinvasive E.coli (EIEC)/Shigella, Enterotoxigenic E.coli (ETEC), Enteropathogenic E.coli (EPEC), Plesiomonas shigelloides, Salmonella, Shiga-toxin producing E.coli (STEC) stx1/stx2, Shiga-toxin producing E.coli (STEC) 0157:H7, Vibrio cholerae, Vibrio parahaemolyticus, Vibrio vulnificus, Yersinia enterocolitica

Viruses
Adenovirus 40/41, Astrovirus, Norovirus GI, Norovirus GII, Rotavirus A, Sapovirus (I, II, IV, V)

Parasites
Cyclospora cayetanensis, Cryptosporidium spp., Entamoeba histolytica, Gardia lamblia

This does NOT include stool for m/c/s – this needs to be requested as a separate test. Please provide two samples if this is required.

CHANGE 2020

TAT 2 DAYS

EORD

RF

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Borrelia Antibodies (Lyme Disease) *Borrelia burgdorferi*

Presence of antibodies confirms infection with the Lyme Disease spiral bacterium (spirochaete) known as *Borrelia burgdorferi* by a bite from an infected tick. Patients bitten by an infected tick which is not removed within a day or so may develop Lyme disease. An expanding rash would usually appear at the site of the bite within 3 to 30 days in a large proportion of those infected. The rash spreads and often develops a 'bulls-eye' appearance. Many also develop flu-like symptoms with aching joints and muscles. The disease can later affect the nervous system, joints and other body systems.

Borrelia Antibodies IgM (BORM): detectable after 2-3 weeks increasing up to 6 weeks.

Borrelia Antibodies IgG/IgM (BORR): detectable after several weeks increasing to maximum at 4-6 months and may remain at high levels for many years.

Borrelia Confirmation (Immunoblot) (BORC):
The ELISA test is sensitive but has a well-documented high false positive rate giving positive results in cases of glandular fever, rheumatoid arthritis and other autoimmune conditions. If the ELISA is positive testing by Immunoblot confirms a diagnosis by Lyme disease. IgM and IgG antibodies are tested separately. It is essential that details of the IgG +IgM Elisa are provided for this test.

SPECIAL PATHOLOGY

Borrelia ab's Immunoblot ~

Borrelia antibodies- Immunoblot:

B. Burfdorferri IgG/IgM [C6 EIA]	POSITIVE
-	
Borrelia IgG Lineblot [virastripe]	
IgG to Borrelia P83 antigen	Negative
IgG to Borrelia P58 antigen	Negative
IgG to Borrelia P43 antigen	Negative
IgG to Borrelia P39 antigen	Negative
IgG to Borrelia P30 antigen	Negative
IgG to Borrelia OspC antigen	POSITIVE
IgG to Borrelia p21 antigen	Negative
IgG to Borrelia Osp17 antigen	Negative
IgG to Borrelia DBPA antigen	Negative
IgG to Borrelia P14 antigen	Negative
IgG to Borrelia VlsE antigen	Negative
IgG to BORRELIA ANTIGENS INTERPRETATION	Negative
-	
IgG to Borrelia IgM Lineblot [virastripe]	
IgM to P41 antigen	Negative
IgM to P39 antigen	Negative
IgM to Borrelia OspC antigen	POSITIVE
IgM to Borrelia Osp17 antigen	Negative
IgM to Borrelia VlsE antigen	POSITIVE
IgM to BORRELIA ANTIGENS INTERPRETATION	POSITIVE

Send Imm Result & Clin detail ~
Report Comments:
The C6 result is very weak but the results could be consistent with recent/current Lyme. Treat erythema migrans on clinical suspicion. If recent infection is suspected, consider sending follow up serology at 2 or more weeks after the original sample, although prompt antibiotic treatment may abrogate the antibody response. If chronic infection was suspected, no further action is needed. If still clinically concerned please contact us to discuss

Key: See page 19 for sample taking and special handling instructions.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Virology

IMMUNE STATUS

TEST	CODE	SAMPLE REQS	TAT
Hepatitis A Immunity (IgG/IgM)	HAIM	B	4 hours
Hepatitis B Immunity	HBIM	B	4 hours
Measles Antibodies (IgG) Immunity	MEAS	B	1 day
Measles Antibodies (IgM)	MEAM	B[9]	2 days
Measles, Mumps, Rubella (MMR)	MMR	B	1 day
Mumps Antibodies (IgG)	MUMP	B	1 day
Mumps Antibodies (IgM)	MUMM	B	1 day
Pertussis (Whooping Cough) Antibodies	PERS	B	5 days
Pneumococcal Antibody Screen	PNEU	B	7 days
Polio Virus 1, 2, 3 Antibodies	POLO	B[9]	15 days
Rabies Antibody	RABI	B	10 days
Rubella Antibody (IgG)	RUBE	B	4 hours
Rubella Antibody (IgM)	RUBM	B	4 hours
Rubella PCR	RUBP	A/Amniotic Fluid	5 days
Tetanus Antibody	TETA	B	5 days
Varicella Zoster Antibodies (IgG)	VZOS	B	1 day
Varicella Zoster Antibodies (IgM)	VZOM	B	1 day

Hepatitis B Immunity/Vaccination

Anti HBs	
less than 10 mIU/ml	Non-immune to Hepatitis B
10–50 mIU/ml	borderline – Booster indicated
50–100 mIU/ml	low level immunity – Booster suggested
100 and over	Immune to Hepatitis B

NEEDLE STICK INJURY PROFILE

(Donor – Not recipient)
Hep Bs.Ag
Hep C Abs
Hep C Ag (early detection)
HIV 1+2 Abs/p24 Antigen
Serum saved for 2 years

TAT 4 HOURS

NSI

B B

HEPATITIS VIRAL LOAD SAMPLE INSTRUCTIONS

Whole blood can be stored at 2°C to 30°C and must be centrifuged within 24 hours of specimen collection. Separate the plasma or serum from the pelleted red blood cells following the manufacturer's instructions for the tube used. Plasma or serum can be tested on the Panther system in the primary tube or transferred to a secondary Aptima Specimen Aliquot Tube (SAT) for testing on the Panther system. If not tested immediately, plasma and serum can be stored in accordance with the specifications below. If transferred to the SAT, plasma may be frozen at -20°C or -70°C, and serum may be frozen at -20°C. Do not freeze specimens in EDTA, ACD, or serum primary collection tubes.

After centrifugation: In the primary collection tube at 2°C to 8°C for up to 3 days
In the Aliquoted Tubes: at 2°C to 8°C for up to 5 days
In the Aliquoted Tubes: at -20°C or -70°C for up to 90 days

Virology

HEPATITIS TESTING

TEST	CODE	SAMPLE REQS	TAT
Hepatitis (Acute) Screen	AHSC	B	4 hours
Hepatitis A (IgM)	HAVM	B	4 hours
Hepatitis A Immunity (IgG/IgM)	HAIM	B	4 hours
Hepatitis A Profile	HEPA	B	4 hours
Hepatitis A RNA by PCR	HAVR	A or B	3 weeks
Hepatitis A, B & C Profile	ABC	B	4 hours
Hepatitis B 'e' Antigen and Antibody	HEPE	B	4 hours
Hepatitis B (PCR) Genotype	BGEN	A	7 days
Hepatitis B Core Antibody – IgM	HBCM	B	4 hours
Hepatitis B Core Antibody – Total	HBC	B	4 hours
Hepatitis B DNA (Viral load) – see page 85	DNAB	A	5 days
Hepatitis B Immunity	HBIM	B	4 hours
Hepatitis B Profile	HEPB	B	4 hours
Hepatitis B Resistant Mutation	HBRM	A or B	7 days
Hepatitis B Surface Antigen	AUAG	B	4 hours
Hepatitis C Abs Confirmation (RIBA)	RIBA	B	5 days
Hepatitis C Antibodies	HEPC	B	4 hours
Hepatitis C Antigen (Early detection)	HCAG	B	4 hours
Hepatitis C Genotype	CGEN	A	5 days
Hepatitis C Quantification (Viral Load) – see page 85	QPCR	A or B	5 days
Hepatitis Delta Antibody	HEPD	B	5 days
Hepatitis Delta Antigen	HDAG	B	5 days
Hepatitis Delta RNA	DRNA	A (Frozen plasma)	5 days
Hepatitis E IgG/IgM	HBE	B	5 days
Hepatitis E (PCR)	EHEP	A	2 weeks
Hepatitis G (PCR)	HEPG	A (Frozen plasma)	2 weeks

HEPATITIS B PROFILE

Hep B Surface Antigen
Hep B Surface Antibodies
Hep B Core IgG/IgM

TAT 4 HOURS

HEPB

B

ACUTE VIRAL HEPATITIS SCREEN

Hepatitis A IgM Abs
Hepatitis B Surface Antigen
Hepatitis C Abs
Hepatitis C Ag

TAT 4 HOURS

AHSC

B

HEPATITIS A, B & C PROFILE

Hepatitis A Profile
Hepatitis B Profile
Hepatitis C Abs
Hepatitis C Ag
LFT's

TAT 4 HOURS

ABC

B

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Virology

All virology samples are processed as per manufacturers sample requirements and guidelines.

Hepatitis virus is named in order of their discovery A, B, C, D, E and G.

Hepatitis A
Hepatitis A is spread through food and water that have been contaminated with the virus derived from human faeces and urine. Hepatitis is an acute infection, not a chronic form of the disease.

HBV Assays

Hepatitis B surface antigen (HBsAg) (AUAG)
A protein on the surface of HBV; it can be detected in high levels in serum during acute or chronic HBV infection. The presence of HBsAg indicates that the person is infectious. The body normally produces antibodies to HBsAg as part of the normal immune response to infection. HBsAg is the antigen used to make Hepatitis B vaccine.

Hepatitis B surface antibody (anti-HBs) (HBIM)
The presence of anti-HBs is generally interpreted as indicating recovery and immunity from HBV infection. Anti-HBs also develops in a person who has been successfully vaccinated against Hepatitis B.

Total Hepatitis B core antibody (anti-HBc) (HBC)
Appears at the onset of symptoms in acute Hepatitis B and persists for life. The presence of anti-HBc indicates previous or ongoing infection with HBV in an undefined time frame.

IgM antibody to Hepatitis B core antigen (IgM anti-HBc) (HBCM)
Positivity indicates recent infection with HBV (≤6 months). Its presence indicates acute infection.

Hepatitis B e antigen and antibody (HEPE)
Hepatitis B e antigen (HbeAg): A secreted product of the nucleocapsid gene of HBV that is found in serum during acute and chronic Hepatitis B. Its presence indicates that the virus is replicating and the infected person has high levels of HBV.

Hepatitis B e antibody (HBeAb or anti-HBe): Produced by the immune system temporarily during acute HBV infection or consistently during or after a burst in viral replication. Spontaneous conversion from e antigen to e antibody (a change known as seroconversion) is a predictor of long-term clearance of HBV in patients undergoing antiviral therapy and indicates lower levels of HBV.

HBV Viral Load (DNAB)
This assay measures the concentration of Hepatitis B viral DNA in patient serum. The test enables the viral load at the beginning of treatment to be established and, thereafter, monitored to indicate treatment success.

HBV Genotyping (BGEN)
Identifies the hepatitis B genotype (A to H) in a patient's serum/plasma. This is critical for determining treatment and monitoring response.

HBV Drug Resistance Detection (HBRM)
Detects hepatitis B virus wild-type and drug-induced mutations, associated with lamivudine, entecavir and tenofovir.

HCV Assays

HCV Antibody (HEPC)
The test indicates exposure to virus but does not necessarily signify current infection. The HCV antibody test may therefore be used to screen patients for possible HCV infection to detect the presence of antibodies to the virus, indicating exposure to HCV. This test cannot tell if the viral infection is active, only that you were exposed to the virus in the past.

HCV Antigen (HCAG)
HVC Antigen is detectable well before the occurrence of antibodies against HCV. When virus is present, but antibodies are not detectable, a negative antibody test does not rule out HCV infection. Active HCV infection, either acute or chronic is characterised by the presence of HCV Antigen. This is analogous to HepB sAg (AUAG) in active HBV Infection.

HCV Viral Load (QPCR)
Measures the concentration of hepatitis C viral RNA in patient serum. This state-of-the-art assay enables the viral load at the beginning of treatment to be established and, thereafter, monitored to indicate treatment success.

HCV Genotype for Treatment (CGEN)
Determines the HCV genotype in a patient's serum. The result is presented as being of either Genotype [1, 5, 6], [4] or [2, 3]. This grouping reflects required treatment duration of the different genotypes.

HCV Drug Resistance
Detects hepatitis C wild-type or drug-induced mutations associated with resistance to HCV drugs including NS5A inhibitors, NS5B inhibitors or NS3 inhibitors.

Key: See page 19 for sample taking and special handling instructions.

Hepatitis B Surface Antigen

HEPATITIS B

- **Transmission:** Sexual, parenteral, perinatal, direct contact between individuals.
- **Clinical Signs:** Asymptomatic in 90% of cases.
- **Cure:** 95% of cases (adults).
- **Complications:** Cirrhosis and hepatocellular carcinoma.
- **Development of chronic form:** Yes (5% of adult cases).
- **Prevention:** Vaccination ++++; specific IgG.
- **Main Marker:** HBS Ag, anti HBc IgM, total anti HBc Ab, Anti-HBs Ab, HBe Ag, Anti-HBe Ab, HBV DNA.

Not detected

Weakly Reactive or

Positive

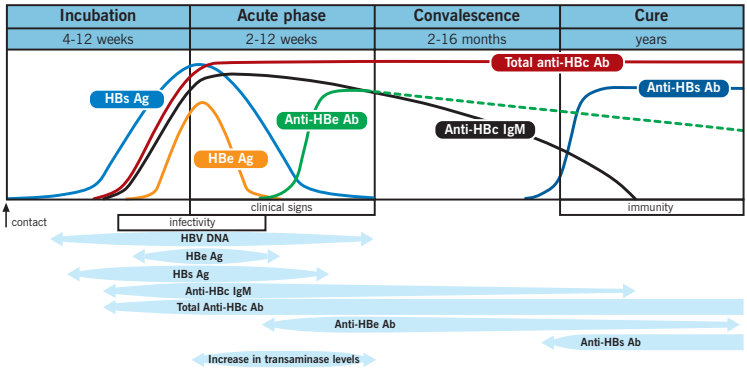
Proceed to Full Hep B Profile (undertaken by TDL as routine reflex testing to identify active information)

Not detected
HepB e Antigen
HepB core Specific IgM

Positive
HepB e Antigen
HepB core Specific IgM

HepB DNA Quantitative (reports viral load)

20 – 4656 IU/ml	low viraemia
4656 – 4.4 million IU/ml	moderate viraemia
> 4.4 million IU/ml	high viraemia

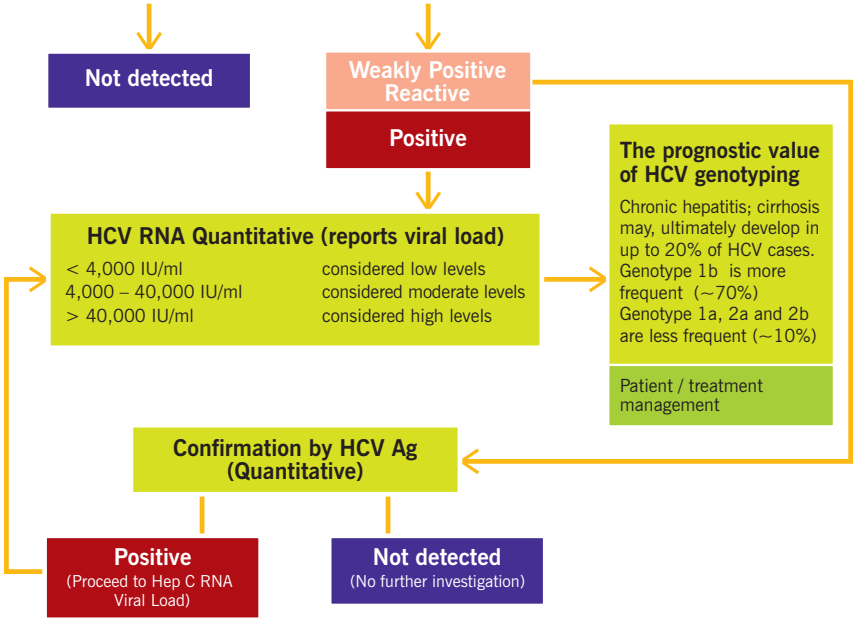


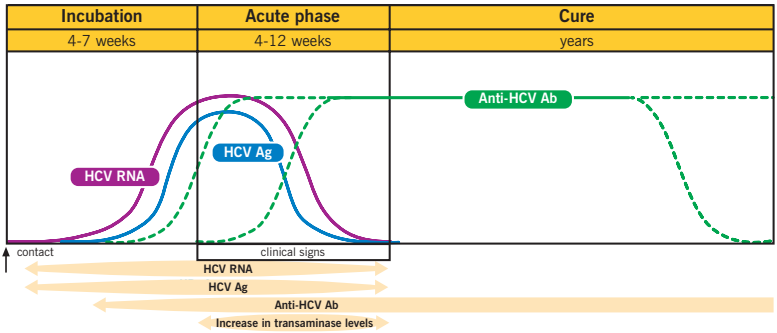
Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Hepatitis C Antibodies

HEPATITIS C

- **Transmission:** Parenteral, nosocomial, sexual.
- **Clinical Signs:** Asymptomatic in 90% of cases.
- **Cure:** 95% of cases (adults).
- **Complications:** Cirrhosis and hepatocellular carcinoma.
- **Development of chronic form:** Yes (80% of adult cases).
- **Prevention:** Hygiene, no vaccination.
- **Main Marker:** Anti HCV Ab, HCV Ag, HCV RNA.





Key: See page 19 for sample taking and special handling instructions.

Virology

HIV TESTING

TEST	CODE	SAMPLE REQS	TAT
HIV Screening: HIV1& 2 Abs/p24 Ag (4th Gen)	HDUO	B	4 hours
HIV Confirmation of Positive Screens (Using 3 methodologies)	HIVC	B	1 day
HIV Rapid RNA HIV-1 QUALITATIVE	LHIV	A	4 hours
HIV Rapid RNA HIV-1 QUANTITATIVE	RHIV	A	4 hours
HIV/HBV/HCV Screen (HIV post exposure at 10 days)	STDX	A 10mls or 2x4mls	3 days
HTLV 1& 2 Abs. (Human T Lymphotropic Virus Type I-II)	HTLV	B	8 hours
HTLV by PCR	HTLP	A Whole blood	21 days
HIV 1 Proviral DNA	HIVP	A Whole blood	7 days

TDL TINY™ SELF-COLLECTION HIV TESTS
(please refer to page 142 for information about self-collection tests)

TEST	CODE	SAMPLE REQS	TAT
4th Generation HIV1& 2 Abs/p24 Ag (28 days post-contact)*	THIV	B Tiny™	4 hours

*Reactive 4th & 5th Gen HIV Results require confirmation with a follow up venous blood sample.

HIV POSITIVE PATIENT MONITORING

TEST	CODE	SAMPLE REQS	TAT
HIV-1 RNA Viral Load by PCR	HIV1	A A (2x6ml whole blood)	3 days
HIV-2 RNA by PCR	HIV2	A	21 days
HIV Rapid RNA HIV-1 QUANTITATIVE	RHIV	A	4 hours
HIV Therapeutic Drug Monitoring	TDM	**J**	21 days
CD3/CD4/CD8	LYSS	A [10]/**Chex**	1 day

HIV-1 GENOTYPIC RESISTANCE TESTING

TEST	CODE	SAMPLE REQS	TAT
HIV-1 Genotypic Resistance (RT & Protease)	HIVD	A A (2x6ml whole blood)	10 days
HIV-1 Genotypic Resistance (Integrase)	INTE	A A (2x6ml whole blood)	10 days
HIV-1 Tropism	TRPM	A A (2x6ml whole blood)	28 days
HLA B*57:01	HL57	A [9]	10 days

HLA-B*57:01 should be tested before starting patients on an Abacavir (ABC) containing regimen to reduce the risk of hypersensitivity reaction. HLA-B*57:01-positive patients should not be prescribed ABC and a positive status should be recorded as an ABC allergy in the patient's medical record.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Virology

RAPID XPERT HIV-1 RNA QUALITATIVE
EARLY DETECTION FROM 10 DAYS

HIV-1 RNA

Sample must be received in the laboratory within 24 hours of sample taking

TAT 4 HOURS

LHIV

A

RAPID XPERT HIV-1 RNA VIRAL LOAD
RAPID TESTING FOR HIV-POSITIVE PATIENT PROGNOSIS AND RESPONSE TO ANTIRETROVIRAL THERAPY

HIV-1 RNA VIRAL LOAD (40 copies/ml)

Sample must be received in the laboratory within 24 hours of sample taking

TAT 4 HOURS

RHIV

A

HIV / HBV / HCV SCREEN
(SIMULTANEOUS TESTING FOR HIV1/HIV2/HBV/HCV BY PCR/NAAT)

Positive findings will be reflexed for individual qualitative confirmatory testing using the Roche Cobas Ampliscreen

HIV1 and HIV2 (RNA)
Hepatitis B Virus (HBV DNA)
Hepatitis C Virus (HCV RNA)

Samples must be received in the laboratory within 2 days of sample taking

TAT 3 DAYS

STDX

A 10mls or 2 x 4mls

Virology

TEST	CODE	SAMPLE REQS	TAT
Adenovirus by PCR	ADV	F/PCR/VS/SC	7 days
Arbovirus Antibodies/Abs	ARBO	B[9,14]	3 weeks
Ascariasis Serology	ASC	B	5 days
Aspergillus Precipitins	ASPP	B	5 days
Babesia Antibodies	BABE	B	3 weeks
Babesia Parasites	BABP	A[4]	7 days
Bancroftia/Oncerciasis/Filarial Antibodies	TFIF	B[14]	2 weeks
Bartonella (IgG/IgM)	CAT	B	5 days
BK Polyoma Virus by PCR	BKPV	A/B/RU	5 days
Cat Scratch Fever (Bartonella IgG+IgM)	CAT	B	5 days
Chagas Disease Serology (S.American Trypanosomiasis) T. Cruzi	CHGA	B[9,14]	10 days
Chikungunya Virus Abs	CHIK	B[9,14]	10 days
CMV DNA (by PCR)	CMVP	A	5 days
CMV DNA by PCR (Semen)	SCVM	**Semen**	7 days
CMV DNA by PCR (Urine)	CMVU	**RU**	5 days
CMV Resistance	CMVR	A A (2 x 6mls)	21 days
Coccidioidomycosis Antibodies	COCC	B	2 weeks
Corona Virus PCR	CORV	**PCR, BAL, SC, NPA**	1 week
Coxsackie Antibodies (IgM)	COXM	B	10 days
CSF Screen by PCR	VPCR	**CSF**	2 days
Cysticercosis (Taenia Solium) Serology	CYST	B	5 days
Cytomegalovirus (CMV-DNA) Amnio	CMVD	**AF**	5 days
Cytomegalovirus (IgG/IgM) Antibodies	CMV	B	4 hours
Cytomegalovirus (PCR) Urine	CMVU	**RU**	5 days
Cytomegalovirus Avidity	CMAV	B	10 days
Cytomegalovirus DNA (PCR)	CMVP	A	5 days
Cytomegalovirus IgM	CMVM	B	4 hours
Dengue Fever PCR	DPCR	A or B[9,14]	2 weeks
Diphtheria Antibodies	DIPH	B	5 days
Ehrlichiosis Antibodies	EHRL	B[9,14]	10 days
Epstein-Barr Virus Antibodies IgG/IgM	EBVA	B	2 days
Giardia Serology	GIAR	B	5 days
Hantavirus Serology	HANV	B[9]	10 days
Herpes Simplex I/II Antibody Profile (IgG)	HERP	B	2 days
Herpes Simplex I/II by PCR (Swab)	HERS	**PCR**	5 days
Herpes Simplex I/II by PCR (Urine)	HERD	**FCRU/TPV**	4 days
Herpes Simplex I/II IgM	HERM	B	2 days
HIV/HBV/HCV Screen by PCR/NAAT (10 days post exposure)	STDX	A 10mls or 2x4mls	3 days
Human Herpes Virus – 6 by PCR	HHV6	A	5 days
Human Herpes Virus – 8 (IgG)	HHV8	B	10 days
Human Herpes Virus – 8 by PCR	HV8D	A	5 days
Human Parvovirus B19 – DNA	PCRP	A	2 weeks

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Virology

TEST	CODE	SAMPLE REQS	TAT
JC Polyoma Virus by PCR	JCPV	A / B / **CSF**	5 days
Listeria Antibody	LIST	B	1 week
Measles Antibodies (IgG) Immunity	MEAS	B	1 day
Measles Antibodies (IgM)	MEAM	B [9]	2 days
Measles PCR	MEAP	**Buccal swab**	48 hours
MERS Coronavirus Test	MERS	**J**	1 day
Mumps Antibodies (IgM)	MUMM	B	1 day
Mycoplasma pneumoniae IgM and IgG	MYCO	B	2 days
Mycoplasma species – DNA	MPCR	A	5 days
Neurological Viral Screen	NVIR	B B	2 days
Parvovirus Antibodies (IgM)	PARV	B	2 days
Parvovirus DNA by PCR	PCRP	A	2 weeks
Parvovirus IgG Antibodies	PARG	B	2 days
Parvovirus IgG/IgM Abs	PARP	B	2 days
Pneumonia (Atypical) Screen	APS	B	2 days
Q Fever (C Burnetti) Antibodies	QFEV	B [9]	10 days
Rotavirus in Stool by PCR	ROTA	**RF**	1 day
Rubella Antibody (IgG)	RUBE	B	4 hours
Rubella Antibody (IgM)	RUBM	B	4 hours
Rubella Avidity	RUAV	B	1 week
Sleeping Sickness Serology (African Trypanosomiasis)	TRYP	B [9]	10 days
Torch Screen	TORC	B	2 days
Toxocara Antibodies (IgG)	TFAT	B [9]	5 days
Toxoplasma Antibodies (IgG+IgM)	TFAM	B [9]	4 hours
Toxoplasma Antibody Full Evaluation (IgM, Dye Test, IgG Avidity)	TDYE	B [9]	10 days
Toxoplasma by PCR	TXAG	A	5 days
Trichinella Serology	TRIC	B	5 days
Trypanosome (Chagas) Antibodies	CHGA	B [9,14]	10 days
Tularaemia Antibodies	TULA	B [14]	5 days
Varicella Zoster Antibodies (IgG)	VZOS	B	1 day
Varicella Zoster Antibodies (IgM)	VZOM	B	1 day
Varicella Zoster – DNA	VZPC	A	5 days
Viral Antibody Screen	VIRA	B B	2 days
Viral Eye by PCR	VPE	**PCR**	3 days
Viral Respiratory RNA Screen by PCR	VPR	**PCR** or as specified	2 days
Viral Skin/Mucosa by PCR	VPSK	**PCR**	2 days
West Nile Virus Abs	WNV	B	2 weeks
Whooping Cough (Pertussis) Antibodies	PERS	B	5 days
Whooping Cough (Pertussis) by PCR	PERP	**Prenasal (posterior nasopharynx) swab**	5 days
Yersinia Antibodies	YERS	B	4 days
Zika Antibodies IgG & IgM	ZKAB	B	5 days
Zika RNA by PCR in Semen	ZIKS	**Semen**	5 days

Key: See page 19 for sample taking and special handling instructions.

Virology

VIROLOGY BY BLOOD

VIRAL ANTIBODY SCREEN

Measles IgG
Measles IgM
Mumps IgG
Mumps IgM
Mycoplasma pneumonia
CMV
HSV 1
HSV 2

TAT 2 DAYS

VIRA

B B

NEUROLOGICAL VIRAL SCREEN

Measles IgG
Measles IgM
Mumps IgG
Mumps IgM
CMV IgG
HSV 1/2 IgG
HSV 1/2 IgM
VZV IgG

TAT 2 DAYS

NVIR

B B

TORCH SCREEN

Toxoplasma Antibodies (IgG, IgM)
Rubella Antibody (IgG, IgM)
CMV Antibody (IgG, IgM)
Herpes Antibody (HSV1/HSV2 IgG)

TAT 2 DAYS

TORC

B

ATYPICAL PNEUMONIA SCREEN

Mycoplasma pneumonia Abs
Chlamydia pneumoniae (MIF)
Legionella pneumophila (IF)

TAT 2 DAYS

APS

B

VIROLOGY BY PCR

VIRAL RESPIRATORY RNA SCREEN BY PCR

Throat swabs, nasopharyngeal aspirates

Adenovirus
Parainfluenza 1, 2, 3, 4
Influenza A & B
Coronavirus
Parechovirus
Enterovirus
Rhinovirus
Respiratory Syncytial virus A & B
Human metapneumovirus

TAT 2 DAYS

VPR

PCR or as specified on the form

VIRAL SKIN/MUCOSA BY PCR

If chicken pox or shingles suspected, please indicate clearly on request form

Herpes Simplex virus
Varicella Zoster virus

TAT 2 DAYS

VPSK

PCR

VIRAL EYE BY PCR

Herpes Simplex virus
Varicella Zoster virus
Adenovirus

TAT 3 DAYS

VPE

PCR

CSF SCREEN BY PCR

Herpes Simplex virus
Varicella Zoster virus
Enterovirus

TAT 2 DAYS

VPCR

CSF

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Tumour markers/sites

TEST	CODE	SAMPLE REQS	TAT
Alpha Feto Protein	AFP	B	4 hours
Beta HCG (Oncology)	HCGQ	B	4 hours
Breast Cancer NGS Panel – full sequencing across 14 genes + deletions/duplications. Requires patient informed consent	GENE	A A [9,11]	4 weeks
CA 15-3	C153	B	4 hours
CA 19-9	C199	B	4 hours
CA 50	CA50	B	5 days
CA 72-4	C724	B	5 days
CA 125	C125	B	4 hours
Carcino Embryonic Antigen	CEA	B	4 hours
Complex PSA (Prostate Specific Ag)	CPSA	B	3 days
Cyfra 21-1	CY21	B	4 days
Early CDT-Lung	CDTL	B	7 days
HE4 + ROMA	HE4	B	1 day
Neurone Specific Enolase	NSE	B	5 days
NMP22 (Bladder tumour)	NMP	J [1]	4 days
Osteocalcin	OST	B (Frozen) [4]	4 days
Prostate Profile (Total & Free PSA)	PR2	B	4 hours
Prostate Specific Antigen (Total)*	PSPA	B	4 hours
Pyruvate Kinase (M2-PK)	M2PK	A	5 days
Pyruvate Kinase (M2-PK)	M2ST	RF [4]	5 days
S100 Malignant Melanoma	S100	B	4 days
Squamous Cell Carcinoma	SCC	B	4 days
Testicular Tumour Profile	TTP	B	4 hours

* Results that fall between 4.00 ug/L and 10.00 ug/L will automatically reflex to a Free PSA with a calculated ratio. The ratio of Free to Total PSA may help discriminate between prostate cancer and benign prostatic hyperplasia.

TUMOUR MARKERS/SITES

AFP: Liver, Testes
BHCG: Testes
BRCA1/2: Breast
CA 125: Ovary
CA 15-3: Breast
CA 19-9: Stomach, Colorectal, Gastrointestinal, Pancreas
CA 50: Bladder, Colon
CDTL: Lung
CEA: Stomach, Liver, Breast, Ovary, Gastrointestinal, Lung
Cyfra 21-1: Oesophagus, Lung, Bladder
HE4: Ovary
NMP22: Bladder
NSE: Lung, Brain, Thyroid
PSA: Prostate
S100: Melanoma
SCC: Oesophagus, Bronchus, Lung, Cervix

HE4
Earlier Detection of Ovarian Tumour

HE4/CA125/ROMA
Calculated Algorithm for pre and post menopausal risk of malignant disease

TAT 1 DAY

HE4

B

PROSTATE PROFILE
Total and Free PSA

Total PSA
Free PSA
Calculated Ratio

TAT 4 HOURS

PR2

B

Tumour markers/sites

Site	Tumour marker	Sample type	Turnaround time
Oesophagus	CA 19-9	serum	4 hours
	CEA	serum	4 hours
	SCC	serum	4 days

Site	Tumour marker	Sample type	Turnaround time
Bronchial/ Lung	NSE*	serum	5 days
	SCC*	serum	4 days
	CDTL	serum	7 days
	CEA	serum	4 hours
	Cyfra 21-1	serum	4 days

Site	Tumour marker	Sample type	Turnaround time
Bile duct	CA 19-9	serum	4 hours
	CEA	serum	4 hours

Site	Tumour marker	Sample type	Turnaround time
Pancreas	CA 19-9	serum	4 hours
	CEA	serum	4 hours

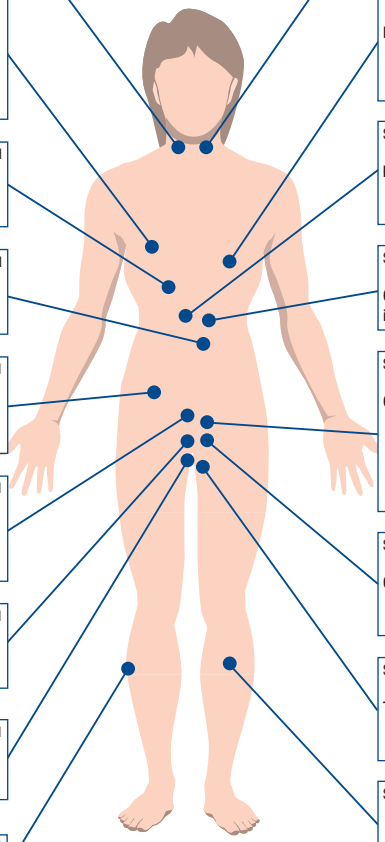
Site	Tumour marker	Sample type	Turnaround time
Carcinoid	5-HIAA	24 hour urine/ acidified	5 days

Site	Tumour marker	Sample type	Turnaround time
Bladder/ Chorion	CEA	serum	4 hours
	CA 50	serum	5 days
	NMP22	urine	4 days

Site	Tumour marker	Sample type	Turnaround time
Cervix/ Uterus	SCC	serum	4 days
	CEA	serum	4 hours

Site	Tumour marker	Sample type	Turnaround time
Prostate	Prostate Profile (Total + Free PSA)	serum	4 hours

Site	Tumour marker	Sample type	Turnaround time
Melanoma	S-100	serum	4 days



Site	Tumour marker	Sample type	Turnaround time
Thyroid	CEA	serum	4 hours
	Thyroglobulin	serum	1 day
	Calcitonin	1ml Frozen serum	1 day

Site	Tumour marker	Sample type	Turnaround time
Breast	Breast Cancer NGS Panel	EDTA	4 weeks
	CA 15-3	serum	4 hours
	CEA	serum	4 hours

Site	Tumour marker	Sample type	Turnaround time
Liver	AFP	serum	4 hours
	CEA	serum	4 hours
	Ferritin	serum	4 hours

Site	Tumour marker	Sample type	Turnaround time
Gastro-intestine	CEA	serum	4 hours
	CA 19-9	serum	4 hours

Site	Tumour marker	Sample type	Turnaround time
Ovary	Ovarian Cancer NGS Panel	EDTA	4 weeks
	CA 125	serum	4 hours
	CA 15-3	serum	4 hours
	HE4	serum	1 day
	AFP	serum	4 hours

Site	Tumour marker	Sample type	Turnaround time
Colon	CEA	serum	4 hours
	CA 19-9	serum	4 hours
	CA 50	serum	5 days

Site	Tumour marker	Sample type	Turnaround time
Testes	AFP	serum	4 hours
	Beta HCG (quantitative)	serum	4 hours

Site	Tumour marker	Sample type	Turnaround time
	Osteocalcin	serum (frozen)	4 days

* NSE: Neurone Specific Enolase
SCC: Squamous Cell Carcinoma

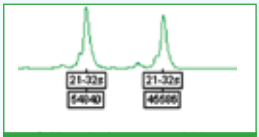
Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

TDL Genetics

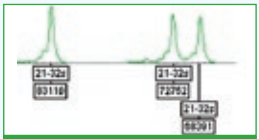
TDL Genetics is a consultant-led service which is able to provide extensive expertise in the testing, diagnosis and genetic counselling of inherited disorders. Genetic tests are performed on DNA for molecular genetic analysis and on whole chromosomes for cytogenetic analysis. Some tests are part of profiles that can be linked with assays from other TDL disciplines, such as biochemistry and haematology, to give more comprehensive results for the patient.

Genetic tests are available for:

- Prenatal diagnosis and rapid trisomy screening by Amnio-PCR
- Carrier screening
- Newborn chromosome analysis
- Confirmation of symptomatic individuals and pre-symptomatic testing
- Genetic variation that influences risk of disease
- Identity studies (paternity, zygosity, tissue typing)
- Fertility studies
- Products of conception



DNA peaks from normal fetus



DNA peaks from Down Syndrome fetus

Genetic testing is sometimes complex and tests will vary in their ability to detect mutations or to detect all patients who have, or will develop, the disease. Some tests are diagnostic for a condition, others are indicative or are associated with an altered risk for a condition. Results can affect the lives of individuals and have implications for their family, for insurance and employment. Where testing will predict the inheritance of a disease in a healthy person, counselling and consent are mandatory. For these tests, please complete the Genetic Request form at the back of the guide (including informed consent). Our service provides result interpretation and risk assessment to patients and their family members. Genetic counselling can be arranged by TDL's Consultant Clinical Geneticist.

To meet the increasing range and complexity of genetic testing we have developed an excellent collaboration with other specialist laboratories. Tests marked GENE are sent to these laboratories within our network and have a fixed price. GENE panel composition may change throughout the year to reflect new and improved developments. Turnaround times may be longer if follow-up studies are required.

Specimen Receipt at The Doctors Laboratory is 24 hours a day. Specifically, TDL Genetics results service is available Monday to Friday 8.30am – 5.30pm with the laboratory also open for processing of samples on Saturdays from 9.00am – 1.00pm.

Test codes, sample requirement codes and turnaround times may be found on the following pages. All samples must be collected in the specified containers, as shown in the key at the back of this guide. Samples should be fresh and in good condition (e.g. not clotted if EDTA or heparinised whole blood is required) otherwise testing may be adversely affected and another sample may be required. Small DNA samples are stored routinely for one year, larger DNA samples can be stored by special arrangement.

Instructions for transportation, sample labelling, and the completion of request forms can be found on the reverse of the TDL Genetics Request Form.

The locations of the Laboratory and Patient Reception are indicated on the map on the reverse of each request form. If you do not find the test you require in this directory or need more information and advice please telephone the laboratory on 020 7307 7409.

Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

Sending samples to the laboratory

Transport arrangements

All specimens should be kept at room temperature and despatched to the laboratory as soon as possible, by TDL/international courier, first class post, guaranteed next day delivery or a reliable alternative.

If a delay in sending the sample is unavoidable, please refrigerate overnight – DO NOT FREEZE. Specimens must not be allowed to come in contact with request forms, but should be kept separate by using dual – pocketed plastic bags. Specimens for inland postage must be packed in a rigid crush-proof container according to current Post Office guidelines. IATA guidelines should be followed for international transport (Advice is available from the laboratory).

Labelling of high risk samples

Please note that it is the responsibility of the referring clinician to ensure that high-risk samples are clearly identified to reduce the risk of infection to staff and others.

Patient details on request forms and samples

Request and consent forms are available directly from TDL Genetics.

In order to avoid unnecessary time spent in obtaining details please provide the following information:

Information for request forms:

- Surname, forename (not initials) and date of birth
- Full name (not initials) and location of referring clinician
- Full address of clinician to whom the result should be sent
- Legible clinical summary, including details of any relevant family history
- Address for billing – Doctor, patient or other
- Gestation on prenatal samples
- Hospital or reference number
- Test required

Essential information on sample container label:

- Patients surname and forename (not initials)
- Date of birth
- Hospital number or reference number

Consent forms

Consent forms (at the back of this guide) are available for genetic testing. As genetic testing may have implications for other family members and is regarded as personal data, it is recommended that written consent is obtained wherever possible. In cases with predictive testing for severe disorders, as indicated in the laboratory guide, it is essential that patients should also be offered formal genetic counselling. It is the responsibility of the referring clinician to obtain appropriate consent from the patient.

Unlabelled samples

Unlabelled samples will ONLY be processed if the individual who took the sample can confirm the sample is from the patient in question. In the absence of this assurance, the sample will be discarded and a repeat required.

Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

Genetic Testing

THE IMPORTANCE OF CLINICAL DETAILS

Clinical details are very important when providing genetic analysis. The more clinical information that is available (e.g. details of ultrasound information, phenotypic features or family history) the better the service we can provide. Failure to provide this information for cytogenetic studies may result in an inaccurate analysis.

MOLECULAR GENETICS

Clinical details can be extremely important for clinical interpretation of a molecular genetic test.

For example, the clinical comments accompanying a cystic fibrosis screening report will vary depending on whether the patient is a potential gamete donor or a person exhibiting a cystic fibrosis phenotype.

It may also be crucial, where a mutation has already been shown to be segregating in a family, to be provided with information concerning the mutation and a family pedigree to ensure the correct analysis is performed and reliable risk figures calculated.

CYTOGENETICS

Cytogenetic analysis is performed according to the Professional Guidelines for the Association of Clinical Genetic Science and the recommendations provided are dependent on the clinical indications given for each case.

Clinical details inform the investigation at all stages:

- Prior to analysis, clinical details may indicate, for example, that procedures such as chromosome breakage or leukaemic studies are required, which must be referred to a specialist centre.
- During analysis they may indicate that extra cells should be screened to investigate the possibility of mosaicism, for example in a diagnosis of suspected Turner syndrome, or that particular chromosomes must be targeted for high-resolution study, for example chromosome 4 in suspected Wolf-Hirschhorn syndrome.
- When the analysis has been completed they may help to provide an accurate interpretation of the findings and in some instances prompt further investigations, for example FISH or molecular genetic studies.

When clinical details are not available a routine analysis will be performed and a conditional report issued.

SAMPLE STABILITY

Molecular Genetic Samples

Whole blood collected in EDTA should be sent to the laboratory between 4˚C-28˚C within 48 hours.

Long term storage should be at 2-8°C.

Extracted DNA samples should be sent to the laboratory between 4˚C-28˚C.

Cytogenetic Samples

Cytogenetic studies require living cells, please ensure that samples reach the laboratory as soon as possible. If a delay before dispatch is unavoidable, samples may be stored in a refrigerator (4°C) but they must **not** be frozen.

Samples sent more than 48 hours after sampling, or kept at temperatures below 4˚C and greater than 38˚C may have inhibited growth.

Information concerning packaging, transportation, and labelling of samples is provided on the reverse of our TDL Genetics Request Form.

Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

Requesting additional tests

Any further tests not requested at the time of sample receipt must be requested within:

- 1 week for tests requiring prenatal culture or cultured cells
- 2 weeks for DNA testing
- 2 weeks for cell culture testing
- 3 months for FISH testing

Samples can be stored for longer periods if specifically requested at the time of sample receipt.

POSTNATAL DIAGNOSIS (BLOOD CULTURE)

Reasons for analysis: Chromosome studies are requested where problems that may have a cytogenetic basis are suspected, e.g. babies with birth defects; children with developmental delay and physical handicaps, or adults with fertility problems. Additionally, prospective gamete donors are screened to detect carriers of balanced chromosome rearrangements.

Sample requirements: Lithium heparin whole blood specimens are required – gently mixed to prevent clotting and must **not** be frozen, See sample stability section for cytogenetic samples. Sample volumes may be reduced for children (2-4ml) and neonates (1-2ml).

Turnaround time: The usual turnaround time is 2-3 weeks however the laboratory will endeavour to respond to urgent requests. Where a major trisomy is suspected, a rapid PCR screen may be performed to provide an urgent provisional result.

Notes

a) Rarely, blood samples fail to culture (<1%);

b) The culture may yield chromosomes of insufficient quality. This will be indicated on the report and a repeat study suggested;

c) The laboratory should be informed if the patient has recently received a blood transfusion.

d) The laboratory should be informed if the patient has EVER had a bone marrow transplant.

PRENATAL DIAGNOSIS

Reasons for analysis: Chromosome studies are requested where pregnancies are identified as being at risk of a cytogenetic abnormality e.g. advanced maternal age; positive maternal serum screening; fetal abnormalities found on ultrasound; or where a parent is a known carrier of a chromosome anomaly, or where a high risk trisomy has been found by NIPT. As false positive NIPT results may arise from placental mosaicism, amniocentesis is the suggested sample type for confirmation of NIPT results.

Sample requirements:

a) amniotic fluid – 10ml+ in a plain sterile, leak-proof container. Suitable containers can be provided by the laboratory. The specimen must **not** be frozen. See sample stability section for cytogenetic samples.

b) chorionic villus – 5mg+ in sterile transport medium. Suitable containers containing medium can be provided by the laboratory. The specimen must **not** be frozen. See sample stability section for cytogenetic samples.

c) fetal blood – 1-2ml LITHIUM HEPARIN whole blood, gently mixed to prevent clotting. The specimen must **not** be frozen. See sample stability section for cytogenetic samples.

Turnaround time: This is dependent on the rate of cell growth, however, the usual turnaround time is approximately 2 weeks. A number of circumstances now occur more frequently, as invasive prenatal diagnosis becomes less common, that may result in delayed reporting time. These include:

a) A delay in transportation in order to collect a batch of samples to reduce courier costs. Even when couriered promptly, sample growth may be slower than that seen in samples sent immediately.

b) Sampling at early or late gestations, for example to confirm non-invasive tests or follow up anomaly scans.

c) A tendency to take smaller quantities of sample or to take insufficient sample for multiple techniques.

d) The request for karyotyping as an add-on after an initial PCR test.

Fetal blood results will usually be reported by 10 calendar days. **For all other prenatal tests, please contact the laboratory prior to taking samples.**

Notes

a) Maternal contamination, and mosaicism may complicate the analysis and may lead to the suggestion that a second invasive test is performed.

b) Rarely, cultures fail to grow (overall <1%)

c) Very small chromosome abnormalities may not be detected (this is why the phrase 'No trisomies or major chromosome abnormalities detected…' is used in our reports).

d) for TTTs or heavily blood stained amniocentesis samples, please provide a maternal EDTA blood sample for comparison studies.

SOLID TISSUE

Reasons for analysis: Fibroblast cultures may be used in addition to blood cultures, for example where tissue specific mosaicism is suspected, or where blood samples cannot be obtained. POC samples may be requested for early spontaneous miscarriages, stillbirths, or to confirm a prenatal diagnosis.

Sample requirements: All specimens should be placed in a sterile container, preferably containing transport medium. This can be supplied by the laboratory. Sterile normal saline can be used if transport medium is not available. Samples must not be placed in formaldehyde or other preservative and must not be frozen. See sample stability section for cytogenetic samples.

Turnaround time: This is dependent on the rate of cell growth, however, the usual turnaround time is approximately 4 weeks.

Notes

a) Material from miscarriages has a relatively high culture failure rate (around 20%). Where failure occurs, alternative molecular methods may be attempted, usually a KaryoLite Bacs-on-Beads assay that can detect whole monosomy or trisomy of any chromosome, if possible.

b) If no villus or fetal parts are identified in supposedly POC material and a normal female chromosome result is found, this may indicate that maternal tissue has been cultured (this will be noted on our report).

c) Material from miscarriages can be returned for sensitive disposal if requested at the time of receipt. If no special request is made, fetal material will be sent for incineration separate from general clinical waste. Placental and other POC material will be disposed of in general clinical waste for incineration.

FLUORESCENCE IN SITU HYBRIDISATION (FISH)

Where FISH studies for specific microdeletion syndromes are required this must be indicated on the request form.

Note: FISH studies for a rapid pre or postnatal aneuploidy screen have now been superseded in our laboratory by multiplex-PCR technology. Subtelomeric screens are now performed by Array CGH as part of developmental delay investigations. Common microdeletion syndrome testing is now performed by BOBs analysis.

CELL LINE KARYOLOGY

The cytogenetics laboratory can perform cell line karyology on live cultures or fixed cells suspensions (recommended) on a research basis. Please note: a laboratory processing charge of £100+VAT is applicable to those cases wherein a successful analysis cannot be obtained. Please contact the laboratory for further details.

STATEMENT REGARDING MEASUREMENT UNCERTAINTY (MU)

Measurement Uncertainty is determined for each measurement procedure in the examination phase used to report measured quantity values on patients' samples. This is determined during verification of this assay for service introduction; creation of laboratory standard operating procedures (SOP) and interpretation of the results.

Where examinations include a measurement step but do not report a measured quantity value, the laboratory calculates the uncertainty of the measurement step where it has utility in assessing the reliability of the examination procedure or has influence on the reported result.

Estimates of measurement uncertainty are regularly reviewed and are available upon request to laboratory users.

TDL Genetics

KEY PERSONNEL			
Consultant Clinical Geneticist	Prof. Michael Patton	020 7307 7409	michael.patton@tdlpathology.com
Head of Cytogenetics	Rebecca Watts	020 7460 4787	rebecca.watts@hslpathology.com
Senior Cytogeneticist	Kath Masters	020 7307 7409	kath.masters@tdlpathology.com
Cytogenetics Operations Manager	Emma Wilcock	020 7307 7409	emma.wilcock@tdlpathology.com
Postnatal Lab Manager	Allison Daffern	020 7307 7409	allison.daffern@tdlpathology.com
Director of Genetic Services	Dr Lisa Levett	020 7307 7409	lisa.levett@tdlpathology.com
Head of Genetics & Molecular Pathology	Dr Stuart Liddle	020 7307 7409	stuart.liddle@tdlpathology.com
Operations Manager	Andrew Levett	020 3908 1282	andrew.levett@tdlpathology.com

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
1p36 Deletion Syndrome – karyotype + FISH	KARY, FISH	CVS/AF/(H)[9]	12-17 days
21-Hydroxylase Deficiency (Congenital Adrenal Hyperplasia) – 8 mutations screened	GENE	(A)[9,11]	8 weeks
22q11 & 10p14 deletion (Di George Syndrome) – BOBs only	DGB	CVS/AF/(A)[9]	5 days
22q11 & 10p14 deletion (Di George Syndrome) – BOBs (5 days) + karyotype (15 days)	DGB, KARY	CVS/AF/(A)(H)[9]	5-15 days
Achromatopsia NGS Panel – full sequencing across 7 genes	GENE	(A)(A)[9]	4 weeks
Aicardi-Goutières Syndrome NGS Panel – full sequencing across 6 genes	GENE	(A)(A)[9]	6 weeks
Alagille Syndrome NGS Panel – full sequencing JAG1 + NOTCH2 genes	GENE	(A)(A)[9]	6 weeks
Alpha Fetoprotein on Amniotic fluid	AFPA	AF[9]	5-10 days
Alpha Thalassaemia – multiplex PCR for common large deletions	GENE	(A)[9]	4 weeks
Alpha-1 Antitrypsin Genotype – PI*M, PI*S, PI*Z	GENE	(A)[9]	4 weeks
Alport Syndrome NGS Panel – full sequencing COL4A3 + COL4A4 + COL4A5 + MYH9 genes	GENE	(A)(A)[9]	6 weeks
Amelogenesis/Dentinogenesis Imperfecta NGS Panel– full sequencing across 31 genes	GENE	(A)(A)[9]	6 weeks
AmnioBOBs only – rapid aneuploidy diagnosis for all chromosomes + common microdeletion syndromes	ABOB	AF[9]	5 days
Amniocentesis culture (karyotype) only	ACUL	AF[9]	10-15 days
Amniocentesis – rapid BOBs aneuploidy diagnosis for all chromosomes (5 days) + culture (10-15 days) – see profiles	ABK	AF[9]	5-15 days
Amniocentesis – rapid PCR diagnosis for common aneuploidies (2 days) + culture (10-15 days)	APCC	AF[9]	2-15 days
AmnioPCR only – rapid common aneuploidy diagnosis by QF-PCR	APC	AF[9]	2 days
Amylotrophic Lateral Sclerosis (Motor Neurone Disease) NGS Panel – full sequencing across 43 genes	GENE	(A)(A)[9]	6 weeks
Androgen Insensitivity – AR gene sequencing	GENE	(A)[9]	8 weeks
Aneurysm/Connective Tissue Disorders/Ehlers-Danlos Syndrome NGS Panel – full sequencing across 46 genes + deletions/duplications	GENE	(A)(A)[9]	4 weeks
Angelman Syndrome (Primary Screen) – methylation PCR	PWAM	(A)[9]	5 days
Angelman/Rett Syndromes NGS Panel – full sequencing across 30 genes	GENE	(A)(A)[9]	6 weeks
Aniridia, Isolated – PAX6 gene sequencing + deletions/duplications	GENE	(A)[9]	8 weeks
Anophthalmia/Microphthalmia NGS Panel – full sequencing across 30 genes	GENE	(A)(A)[9]	6 weeks

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Antithrombin Deficiency – SERPINC1 Gene Variant Analysis (Known Genotype)	ATMA	A A (Whole blood 10ml) [40]	6 weeks
Antithrombin Deficiency – SERPINC1 Gene Variant Analysis (Unknown Genotype)	ATMA	A A (Whole blood 10ml) [40]	12 weeks
Aortopathy/Marfan Syndrome/Loeys-Dietz Syndrome NGS Panel – full sequencing across 31 genes	GENE	A A [9]	6 weeks
Apert Syndrome – 2 common FGFR2 mutations	GENE	A [9]	4 weeks
Apolipoprotein E genotype – E2, E3, E4	APEG	A [9]	5 days
Array CGH (Comparative Genomic Hybridisation)	CGH	**CVS/AF/** A H [9]	10 days
Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC) NGS Panel – sequencing across 46 genes + deletions/duplications	GENE	A A [9]	4 weeks
Ashkenazi Breast Cancer Screen – 3 common mutations	Requires patient informed consent GENE	A [9,11]	4 weeks
Ashkenazi Jewish Carrier Screen – see Pan-ethnic/Jewish Carrier Profile	ASHJ	A [9]	4 weeks
Ataxia/Episodic Ataxia Disorders NGS Panel – full sequencing across 152 genes	GENE	A A [9]	6 weeks
Autoinflammation/Periodic Fever NGS Panel – full sequencing across 36 genes	GENE	A A [9]	6 weeks
Azoospermia – karyotype + cystic fibrosis screen + polyT(5T) + Y deletions	GRP	A H [9]	10-15 days
B cell clonality assay (IgH and IgK)	IGHA	A or **FFPE**	2 weeks
Bardet-Biedl Syndrome NGS Panel – full sequencing across 24 genes	GENE	A A [9]	6 weeks
Batten Disease (Neuronal Ceroid Lipofuscinosis) NGS Panel – full sequencing across 13 genes	GENE	A A [9]	6 weeks
BCR-ABL diagnostic assay	LMPX	A	2 weeks
BCR/ABL Quantitative – fusion gene sizes p190 + p210 – ***MUST arrive in the laboratory within 48 hours, before 12pm on Fridays***	BCRA	A A [9]	10 days
Becker Muscular Dystrophy – deletions/duplications	DND	A [9]	10 days
Beckwith-Wiedemann Syndrome – methylation studies on 11p15 imprinting domains KvDMR + H19	GENE	A [9]	4 weeks
Behcet's Disease – HLA Tissue Typing B*51	B51	A [9]	10 days
Beta Thalassaemia – beta-globin gene sequencing	GENE	A [9]	4 weeks
Blood PCR for Chromosome 21	BPCR	A	5 days
Bloom Syndrome – BLM gene sequencing	GENE	A [9]	4 weeks
BOBs rapid chromosome analysis – see profiles			
Breast Cancer Ashkenazi Screen – 3 common mutations	Requires patient informed consent GENE	A [9,11]	4 weeks
Breast Cancer – BRCA1 + BRCA2 only gene sequencing + deletions/duplications	GENE	A	4 weeks
Breast Cancer NGS Panel – full sequencing across 14 genes + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	4 weeks

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Brugada Syndrome/Long-QT NGS Panel – full sequencing across 34 genes	GENE	A A[9]	4 weeks
C-KIT (Common mutation KIT D816V Gene)	GENE	A	4 weeks
CADASIL – NOTCH3 gene sequencing	GENE	A[9]	6 weeks
CAKUT (Congenital Anomalies of Kidney & Urinary Tract) NGS Panel – full sequencing across 38 genes	GENE	A A[9]	6 weeks
Calreticulin – CALR exon 9 mutation screen	CALR	A[9]	2 weeks
Cancer, Comprehensive NGS Panel – full sequencing across 123 genes + deletions/duplications	Requires patient informed consent GENE	A A[9,11]	4 weeks
Carbohydrate Metabolism Deficiency NGS Panel – full sequencing across 47 genes + deletions/duplications + mitochondrial DNA	GENE	A A[9]	4 weeks
Cardio-Facio-Cutaneous/Noonan/LEOPARD/ Costello Syndromes NGS Panel – full sequencing across 20 genes	GENE	A A[9]	6 weeks
Cardiomyopathy, Arrhythmogenic Right Ventricular NGS Panel – sequencing across 34 genes + deletions/duplications	GENE	A A[9]	4 weeks
Cardiomyopathy, Comprehensive NGS Panel – full sequencing across 111 genes + deletions/duplications	GENE	A A[9]	4 weeks
Cardiomyopathy, Dilated NGS Panel – full sequencing across 78 genes + deletions/duplications	GENE	A A[9]	4 weeks
Cardiomyopathy, Hypertrophic NGS Panel – full sequencing across 86 genes + deletions/duplications	GENE	A A[9]	4 weeks
Carrier Screen (Pan-ethnic or Jewish) – see profiles	GENE	A[9]	4 weeks
Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT) NGS Panel – full sequencing across 9 genes + deletions/duplications	GENE	A A[9]	4 weeks
Cerebellar Hypoplasia NGS Panel – full sequencing across 8 genes	GENE	A A[9]	6 weeks
Charcot-Marie-Tooth Syndrome NGS Panel – full sequencing across 59 genes	GENE	A A[9]	6 weeks
Charcot-Marie-Tooth Type 1A – PMP22 duplications	GENE	A[9]	4 weeks
CHARGE Syndrome – CHD7 gene sequencing	GENE	A[9]	8 weeks
Chediak-Higashi Syndrome – LYST gene sequencing	GENE	A[9]	4 weeks
Cholestasis, Intrahepatic NGS Panel – full sequencing across 15 genes	GENE	A A[9]	6 weeks
Chromosome Analysis (Amniocentesis) – culture only	ACUL	**AF**[9]	10-15 days
Chromosome Analysis (Amniocentesis) – rapid BOBs aneuploidy diagnosis for all chromosomes (5 days) + culture (10-15 days) – see profiles	ABK	**AF**[9]	5-15 days
Chromosome Analysis (Amniocentesis) – rapid PCR diagnosis for common aneuploidies (2 days) + culture (10-15 days)	APCC	**AF**[9]	2-15 days
Chromosome Analysis (Blood)	KARY	H[9]	8-18 days

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Chromosome Analysis (Chorionic Villus)– culture only	CVSC	**CVS**[1,9]	10-15 days
Chromosome Analysis (Chorionic Villus) – rapid PCR diagnosis for common aneuploidies (2 days) + culture (10-15 days)	CVPC	**CVS**[1,9]	2-15 days
Chromosome Analysis (Chorionic Villus) – rapid BOBs aneuploidy diagnosis for all chromosomes (5 days) + culture (10-15 days) – see profiles	CBK	**CVS**[9]	5-15 days
Chromosome Analysis (Product of Conception) – BOBs rapid aneuploidy diagnosis for all chromosomes (5 days) + culture (25 days)	PBK	**Placental Sample**[1,9]	5-25 days
Chromosome Analysis (Products of Conception)	PROC	**Placental Sample**[1,9]	20-25 days
Chromosome Analysis (Solid Tissue)	PROC	**Fetal tissue**[1,9]	4-5 weeks
Chromosome Analysis (Stem Cells)	STEM/ SUSP	**Culture/Fixed cells**	Contact lab
Chromosome Y Deletion– AZFa, AZFb, AZFc + SRY	YDEL	A[9]	5 days
Cockayne Syndrome NGS Panel – full sequencing ERCC6 + ERCC8	GENE	A A[9]	5 weeks
Coeliac Disease – HLA DQ2/DQ8 genotyping	Q2Q8	A[9]	10 days
Colorectal Cancer NGS Panel – full sequencing across 18 genes + deletions/duplications	Requires patient informed consent GENE	A A[9,11]	4 weeks
Comparative Genomic Hybridisation (Array CGH)	CGH	**CVS/AF/**A H[9]	10 days
Congenital Absence of Vas Deferens – karyotype + cystic fibrosis screen + polyT(5T) + Y deletions	GRP	A H[9]	10-15 days
Congenital Adrenal Hyperplasia (21-Hydroxylase Deficiency) – 8 mutations + deletions/duplications	GENE	A[9]	8 weeks
Congenital Central Hypoventilation Syndrome (CCHS)– full sequencing PHO X2B gene	GENE	A[9]	4 weeks
Congenital Central Hypoventilation Syndrome (CCHS) – PHOX2B polyalanine repeat analysis	GENE	A[9]	4 weeks
Congenital Disorders of Glycosylation NGS Panel – full sequencing across 45 genes + deletions/duplications + mitochondrial DNA	GENE	A A[9]	5 weeks
Congenital Muscular Dystrophy NGS Panel – full sequencing across 27 genes	GENE	A A[9]	6 weeks
Connective Tissue Disorders/Ehlers-Danlos Syndrome/Aneurysm NGS Panel – full sequencing across 46 genes + deletions/duplications	GENE	A A[9]	5 weeks
Connexin-26 Associated Deafness – full sequencing GJB2 gene (+ GJB6 common deletion)	GENE	A[9]	8 weeks
Cornelia de Lange Syndrome NGS Panel – full sequencing across 8 genes	GENE	A A[9]	6 weeks
Costello/Noonan/LEOPARD/Cardio-Facio-Cutaneous Syndromes NGS Panel – full sequencing across 20 genes	GENE	A A[9]	6 weeks
Craniosynostosis and related disorders NGS Panel	GENE	A A	6 weeks

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Cri du Chat Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	CVS/AF/A H[9]	5-15 days
Cri du Chat Syndrome – BOBs only	PBOB	CVS/AF/A[9]	5 days
CVS PCR for common aneuploidies (2 days) + culture (10-15 days)	CVPC	CVS[9]	2-15 days
CVSBOBs – rapid BOBs aneuploidy diagnosis for all chromosomes (3-5 days) + culture (10-15 days) – see profiles	CBK	CVS[9]	5-15 days
CVSBOBs only – rapid aneuploidy diagnosis for all chromosomes + common microdeletion syndromes	CBOB	CVS[9]	5 days
CYP450 2D6 Genotyping	TGEN	A[9]	10 days
Cystic Fibrosis – 139 common mutations	CFS	A[9]	5 days
Cystic Fibrosis Poly T (5T, 7T, 9T)	PLYT	A[9]	5 days
Deafness NGS Panel – full sequencing across 179 genes	GENE	A A[9]	6 weeks
Deafness, Non-Syndromic – GJB2 sequencing + GJB6 common deletion	GENE	A[9]	8 weeks
Dentinogenesis/Amelogenesis Imperfecta NGS Panel – full sequencing across 31 genes	GENE	A A[9]	6 weeks
Diabetes Mellitus, MODY NGS Panel – full sequencing across 13 genes	GENE	A A[9]	6 weeks
Diabetes Mellitus, Neonatal NGS Panel – full sequencing across 26 genes	GENE	A A[9]	6 weeks
DiGeorge Syndrome (22q11 & 10p14 deletion) – BOBs (5 days) + karyotype (15 days)	DGB, KARY	CVS/AF/A H[9]	5-15 days
DiGeorge Syndrome (22q11 & 10p14) – BOBs only	DGB	CVS/AF/A[9]	5 days
Dihydropyrimidine Dehydrogenase deficiency screening (Fluoropyrimidine Toxicity) – 5 mutations	GENE	A[9]	1-2 weeks
Dilated Cardiomyopathy NGS Panel – full sequencing across 78 genes + deletions/duplications	GENE	A A[9]	4 weeks
DNA Extraction & Storage – 3 years (longer upon request)	XDNA	A[9]	10 days
DNA Identity Profile – 15 STR markers	DNAF	A[9]	10 days
Doyne Honeycomb Retinal Dystrophy – EFEMP1 screening	GENE	A[9]	4 weeks
Duchenne Muscular Dystrophy – deletions/duplications only	DMD	A[9]	10 days
Duchenne Muscular Dystrophy – full sequencing DMD1 gene	GENE	A[9]	6 weeks
DVT/Pre-travel Screen – see profiles	DVT1	A A B[9]	5 days
Ehlers-Danlos Syndrome/Aneurysm/Connective Tissue Disorders NGS Panel – full sequencing across 46 genes + deletions/duplications	GENE	A A[9]	5 weeks
Endometrial Cancer NGS Panel – full sequencing across 10 genes + deletions/duplications	GENE	Requires patient informed consent A A[9,11]	4 weeks
Epidermolysis Bullosa, Comprehensive NGS Panel – full sequencing across 13 genes	GENE	A A[9]	6 weeks

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Epidermolysis Bullosa, Simplex Panel – full sequencing of KRT5 + KRT14 genes	GENE	A A [9]	8 weeks
Epilepsy, Adolescent / Adult Onset Panel – sequencing across 83 genes + deletions/duplications	GENE	A	6 weeks
Epilepsy, Childhood Panel – full sequencing across 211 genes + deletions/duplications	GENE	A	6 weeks
Epilepsy, Comprehensive NGS Panel – full sequencing across 400 genes + deletions/duplications	GENE	A A [9]	6 weeks
Epilepsy, Neonatal Panel – sequencing across 278 genes + deletions/duplications	GENE	A	6 weeks
Epilepsy, Progressive Myoclonic Panel – sequencing across 18 genes + deletions/duplications	GENE	A	6 weeks
Exudative Vitreoretinopathy, Familial (FEVR) NGS Panel– full sequencing NDP + FZD4 + LRP5 + TSPAN12 + ZNF408 genes	GENE	A A [9]	4 weeks
Eye Developmental Disease NGS Panel – full sequencing across 59 genes	GENE	A A [9]	4 weeks
Fabry Disease, X-linked – GLA gene sequencing	FABM	A [9]	4 weeks
Facioscapulohumeral Muscular Dystropy (FSHD) – D4Z4 repeat deletion	GENE	A A A [9]	8 weeks
Factor II Prothrombin – G20210A mutation	FX2	A [9]	5 days
Factor V Leiden – G1691A mutation	FX5	A [9]	5 days
Factor VII Deficiency – F7 Gene Variant Analysis (Known Genotype)	7MA	A A (Whole blood 10ml) [40]	6 weeks
Factor VII Deficiency – F7 Gene Variant Analysis (Unknown Genotype)	7MA	A A (Whole blood 10ml) [40]	12 weeks
Factor X Deficiency – F10 Gene Variant Analysis (Known Genotype)	10MA	A A (Whole blood 10ml) [40]	6 weeks
Factor X Deficiency – F10 Gene Variant Analysis (Unknown Genotype)	10MA	A A (Whole blood 10ml) [40]	12 weeks
Factor XI Deficiency – F11 Gene Variant Analysis (Known Genotype)	11MA	A A (Whole blood 10ml) [40]	6 weeks
Factor XI Deficiency – F11 Gene Variant Analysis (Unknown Genotype)	11MA	A A (Whole blood 10ml) [40]	12 weeks
Familial Adenomatous Polyposis (FAP) – full sequencing across 18 genes + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	4 weeks
Familial Exudative Vitreoretinopathy (FEVR) NGS Panel– full sequencing NDP + FZD4 + LRP5 + TSPAN12 + ZNF408 genes	GENE	A A [9]	4 weeks
Familial Hypercholesterolaemia – LDLR + APOB + PCSK9 + LDLRAP1 screening	GENE	A A [9]	4 weeks
Familial Hypocalciuric Hypercalcaemia (FHH) Panel – full sequencing CASR + AP2S1 + GNA11 genes	GENE	A A [9]	8 weeks
Familial Mediterranean Fever – hotspot sequencing MEFV gene	GENE	A [9]	4 weeks

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Familial Medullary Thyroid Carcinoma – hotspot sequencing RET gene	Requires patient informed consent GENE	A[9,11]	8 weeks
Fatty Acid Oxidation Deficiency NGS Panel – full sequencing across 22 genes	GENE	A A[9]	6 weeks
FLT3-ITD and FLT3-TKD screening assay	FLT3	A	3-5 days
Fluoropyrimidine Toxicity screening – 5 common mutations	GENE	A[9]	1-2 weeks
Fragile X Syndrome screen – FMR1 repeat analysis PCR (3 weeks) + Southern Blot (8 weeks) if required	GENE	A A A[9]	3-8 weeks
Friedreich Ataxia – frataxin gene repeat analysis	GENE	A[9]	4 weeks
Gastric Cancer NGS Panel – full sequencing across 15 genes + deletions/duplications	Requires patient informed consent GENE	A A[9,11]	4 weeks
Gaucher Disease – 8 common mutations	GENE	A[9]	4 weeks
Gaucher Disease full gene sequencing	GDMA	A[40]	4 weeks
Genetic Reproductive Profile (Male) – see profiles	GRP	A H[9]	10-15 days
Gilbert Syndrome – common UGT1A1 repeat variation	GENE	A[9]	6 weeks
Glaucoma NGS Panel – full gene sequencing across 26 genes	GENE	A A[9]	6 weeks
Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency – full G6PD gene sequencing	GENE	A[9]	4 weeks
Glycogen storage disease type 2 (Pompe) mutation analysis	POMP	A	4 weeks
Haemochromatosis – HFE common mutations C282Y + H63D	HMD	A[9]	3 days
Haemolytic–Uremic Syndrome NGS Panel – full sequencing across 15 genes	GENE	A A[9]	8 weeks
Haemophilia A Variant Analysis (Known Genotype) – F8 Intron 22 Inversion, F8 Intron 1 Inversion, Sequence analysis of known variants for F8 gene	HACD	A A (Whole blood 10ml)[40]	6 weeks
Haemophilia A Variant Analysis (Unknown Genotype) – F8 Intron 22 Inversion, F8 Intron 1 Inversion, Sequence analysis of unknown variants for F8 gene	HAMA	A A (Whole blood 10ml)[40]	12 weeks
Haemophilia A CVS Variant Analysis (Known Genotype) – F8 Intron 22 Inversion, F8 Intron 1 Inversion, Sequence analysis of known variants for F8 gene	8CVS	**CVS**[40]	3 days
Haemophilia B Variant Analysis (Known Genotype) – Sequence analysis of known variants for F9	HBCD	A A (Whole blood 10ml)[40]	6 weeks
Haemophilia B Variant Analysis (Unknown Genotype) – Sequence analysis of unknown variants for F9	HBMA	A A (Whole blood 10ml)[40]	12 weeks
Haemophilia B CVS Variant Analysis (Known Genotype) – Sequence analysis of known variants for F9	9CVS	**CVS**[40]	3 days
Harmony® Prenatal Test (Non-Invasive Prenatal Testing) – common aneuploidy screening from maternal blood	NIPT	**J/Special tubes**[1]	3-5 days

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Harmony® Prenatal Test (Non-Invasive Prenatal Testing) – common aneuploidy screening from maternal blood including 22q11.2 del	NIPQ	**J/Special tubes**[1]	3-5 days
Hearing Loss NGS Panel – full sequencing across 179 genes	GENE	AA[9]	6 weeks
Hemiplegic Migraine, Familial NGS Panel – full sequencing across 6 genes + mtDNA	GENE	AA[9]	5 weeks
Hereditary Cancer NGS Panel, Comprehensive – full sequencing across 127 genes + deletions/duplications	Requires patient informed consent GENE	AA[9,11]	4 weeks
Hereditary Hemorrhagic Telangiectasia – ACVRL1 + ENG full sequencing + deletions/duplications	GENE	AA[9]	8 weeks
Hereditary Neuropathy NGS Panel – full sequencing across 39 genes	GENE	AA[9]	6 weeks
Hereditary Neuropathy with Liability to Pressure Palsy – PMP22 deletion analysis	GENE	A[9]	4 weeks
Hereditary Non-Polyposis Colon Cancer (Lynch Syndrome) NGS Panel – full sequencing across 18 genes + deletions/duplications	Requires patient informed consent GENE	AA[9,11]	4 weeks
Hereditary Pancreatitis – PRSS1 hotspot sequencing + deletions/duplications + SPINK1 N34S common mutation	GENE	A[9]	8 weeks
Hereditary Spastic Paraplegia NGS Panel – full sequencing across 262 genes + deletions/duplications + mitochondrial DNA	GENE	AA[9]	5 weeks
Hermansky-Pudlak Syndrome/Oculocutaneous Albinism/Pigmentation NGS Panel – full sequencing across 30 genes	GENE	AA[9]	4 weeks
HFE gene (Haemochromatosis) – common mutations C282Y + H63D	HMD	A[9]	3 days
Hirschprung Disease NGS Panel – full sequencing across 6 genes + copy number variant	GENE	AA[9]	4 weeks
HLA Tissue Typing A/B/DRB1/3/4/5	HLAF	A[9]	10 days
HLA Tissue Typing A/B/DRB1/3/4/5/DQB1	HLF	A[9]	10 days
HLA Tissue Typing A/B/C/DRB1/3/4/5/DQB1 (Class I & II)	HLFC	A[9]	10 days
HLA Tissue Typing A	HLA	A[9]	10 days
HLA Tissue Typing A+B	HLBA	A[9]	10 days
HLA Tissue Typing A+B+C (Class I)	HABC	A[9]	10 days
HLA Tissue Typing B	HLB	A[9]	10 days
HLA Tissue Typing B*27 only	HLAB	A[9]	3 days
HLA Tissue Typing B*51 (Behcet's Disease)	B51	A[9]	10 days
HLA Tissue Typing B*57:01 high resolution	HL57	A[9]	10 days
HLA Tissue Typing C	HLC	A[9]	10 days
HLA Tissue Typing Coeliac Disease – DQ2/DQ8	Q2Q8	A[9]	10 days
HLA Tissue Typing DRB1/3/4/5/DQB1 (Class II)	HLDQ	A[9]	10 days
HLA Tissue Typing DRB1/3/4/5	DRB1	A[9]	10 days
HLA Tissue Typing Narcolepsy – DQB1*06:02	GENE	A[9]	4 weeks

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Huntington Disease – HD gene repeat analysis PCR	Requires patient informed consent GENE	A A [9,11]	4 weeks
Hyperinsulinism NGS Panel – full sequencing across 8 genes	GENE	A A [9]	8 weeks
Hyperparathyroidism – CASR sequencing	GENE	A [9]	8 weeks
Hypertriglyceridemia NGS Panel – full sequencing across 47 genes	GENE	A A [9]	8 weeks
Identity Profile (DNA) – 15 STR markers	DNAF	A [9,11]	10 days
IgVH mutation analysis for CLL	IGMU	A	4 weeks
Incontinentia Pigmenti, X-linked – IKBKG/NEMO common mutation	GENE	A [9]	4 weeks
Intellectual Disability NGS Panel – full sequencing across 560 genes + deletions/duplications	GENE	A A [9]	6 weeks
Intrahepatic Cholestasis NGS Panel – full sequencing ABCB11 + ABCB4 + ATP8P1	GENE	A A [9]	6 weeks
Iron Overload Profile – see profiles	IOP	A A B [9]	3 days
JAK 2 – exon 12 sequencing (rare mutations) – ***MUST arrive in the laboratory within 48 hours, before 12pm on Fridays***	GENE	A [9]	4 weeks
JAK2 V617F genotyping assay	JAK2	A	2 weeks
Jervell and Lange-Nielsen Syndrome – full sequencing KCNE1 + KCNQ1 genes	GENE	A A [9]	6 weeks
Jewish / Pan-ethnic carrier screening – see profiles	ASHJ	A [9]	4 weeks
Joubert/Meckel-Gruber Syndrome NGS Panel – full sequencing across 24 genes	GENE	A A [9]	6 weeks
Kallmann Syndrome NGS Panel – full sequencing across 19 genes	GENE	A A [9]	6 weeks
Karyotype – see Chromosome Analysis			
Kennedy Disease (Spinal Bulbar Muscular Atrophy) – AR repeat expansion	GENE	A [9]	6 weeks
Kenny-Caffey (Sanjad-Sakati) Syndrome – common 12bp TBCE gene deletion	TBC	A [9]	10 days
Ketolysis Disorders NGS Panel – full sequencing across 7 genes	GENE	A A [9]	6 weeks
Kidney/Urinary Tract Cancer NGS Panel – full sequencing across 27 genes + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	4 weeks
NEW **Lactose Intolerance Gene**	LACG	A	2 weeks
Krabbe Disease – GALC sequencing + 502T/del common deletion	GENE	A [9]	6 weeks
Langer-Giedion Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	CVS/AF/A H [9]	5-15 days
Langer-Giedion Syndrome – BOBs only	PBOB	CVS/AF/A [9]	5 days
Leber's Congenital Amaurosis NGS Panel – full sequencing across 32 genes	GENE	A A [9]	6 weeks

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TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Lebers Hereditary Optic Neuropathy – m.3460G>A + m.11778G>A + m.14484T>C common mutations	GENE	A[9]	8 weeks
Leigh Syndrome NGS Panel – full sequencing across 78 genes + deletions/duplications + mitochondrial DNA	GENE	AA[9]	4 weeks
LEOPARD/Noonan/Cardio-Facio-Cutaneous/Costello Syndromes NGS Panel – full sequencing across 20 genes	GENE	AA[9]	6 weeks
Leukaemia Fusion Gene Screening Assay (Q30)	LMPX	A	2 weeks
Li-Fraumeni Syndrome (p53-related cancer predisposition) – TP53 sequencing + MLPA	Requires patient informed consent GENE	A[9,11]	6 weeks
Limb-Girdle Muscular Dystrophy (LGMD) NGS Panel – full sequencing across 34 genes	GENE	AA[9]	6 weeks
Lissencephaly NGS Panel – full sequencing across 14 genes	GENE	AA[9]	8 weeks
Loeys-Dietz Syndrome/Marfan Syndrome/Aortopathy NGS Panel – full sequencing across 26 genes	GENE	AA[9]	8 weeks
Long-QT Syndrome / Brugada Syndrome – full sequencing across 34 genes	GENE	AA[9]	4 weeks
Lowe (Oculocerebrorenal) Syndrome – OCRL sequencing + large deletions	GENE	A[9]	8 weeks
Lung Disorders NGS Panel – full sequencing across 51 genes	GENE	AA[9]	6 weeks
Lynch Syndrome (HNPCC) NGS Panel – full sequencing across 18 genes + deletions/duplications	Requires patient informed consent GENE	AA[9,11]	4 weeks
Lysosomal Disorders NGS Panel – full sequencing across 106 genes	GENE	AA[9]	6 weeks
Male Genetic Reproductive Profile – see profiles	GRP	AH[9]	10-15 days
Marfan Syndrome/Loeys-Dietz Syndrome/Aortopathy NGS Panel – full sequencing across 26 genes	GENE	AA[9]	6 weeks
Marfan Syndrome – FBN1 sequencing + deletions/duplications	GENE	A[9]	5 weeks
Maturity-Onset Diabetes of the Young (MODY) NGS Panel – full sequencing across 13 genes	GENE	AA[9]	6 weeks
Meckel-Gruber/Joubert Syndrome NGS Panel – full sequencing across 24 genes	GENE	AA[9]	6 weeks
Medium-Chain Acyl-CoA Dehydrogenase Deficiency – ACADM sequencing	GENE	A[9]	4 weeks
Melanoma NGS Panel – full sequencing across 14 genes + deletions/duplications	Requires patient informed consent GENE	AA[9,11]	4 weeks
Microdeletion (common) Syndromes – BOBs only	PBOB	**CVS/AF/**A[9]	5 days
Microphthalmia/Anophthalmia/Coloboma NGS Panel – full sequencing across 78 genes	GENE	AA[9]	6 weeks
Miller-Dieker Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	**CVS/AF/**AH[9]	5-15 days
Miller-Dieker Syndrome – BOBs only	PBOB	**CVS/AF/**A[9]	5 days

Always provide Clinical Details and Family History with requests for Genetic Tests.
Turnaround times are quoted as working days.

TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Mitochondrial genome – full mitochondrial DNA sequencing + deletions	GENE	A[9]	5 weeks
Mitochondrial genome sequencing	GENE	A[9]	5 weeks
Motor Neurone Disease (Amylotrophic Lateral Sclerosis) NGS Panel – full sequencing across 43 genes	GENE	AA[9]	6 weeks
MPL exon 10 analysis	MPL	A	2 weeks
MTHFR – common C677T + A1298C mutations	MTHF	A[9]	5 days
Mucopolysaccharidosis NGS Panel – full sequencing across 11 genes	GENE	AA[9]	8 weeks
Multiple Endocrine Neoplasia Type 1 – full MEN1 sequencing	Requires patient informed consent GENE	A[9,11]	8 weeks
Multiple Endocrine Neoplasia Type 2 – RET gene hotspot sequencing	Requires patient informed consent GENE	A[9,11]	8 weeks
Muscular Atrophy NGS Panel – full sequencing across 17 genes	GENE	AA[9]	8 weeks
Myotonic Dystrophy Type 1 – DMPK repeat PCR	GENE	A[9]	4 weeks
Myotonic Dystrophy Type 2 (PROMM) – ZNF9 repeat PCR	GENE	A[9]	4 weeks
Narcolepsy (HLA DQB1*06:02)	GENE	A[9]	4 weeks
Nephrotic Syndrome, Steroid-Resistant NGS Panel – full sequencing across 14 genes	GENE	AA[9]	6 weeks
Nervous System/Brain Cancer NGS Panel – full sequencing across 27 genes + deletions/duplications	Requires patient informed consent GENE	AA[9,11]	4 weeks
Neurofibromatosis Type 1 – NF1 + SPRED1 sequencing + deletions/duplications	Requires patient informed consent GENE	AA[9,11]	8 weeks
Neurofibromatosis Type 2 (Bilateral Acoustic) – NF2 sequencing + deletions/duplications	GENE	A[9]	8 weeks
Neuronal Ceroid Lipofuscinosis (Batten Disease) NGS Panel – full sequencing across 13 genes	GENE	AA[9]	6 weeks
Non-Invasive Prenatal Testing – common aneuploidy screening from maternal blood	NIPT	**J/Special tubes**[1]	3-5 days
Non-Invasive Prenatal Testing – common aneuploidy screening from maternal blood including 22q11.2 del	NIPQ	**J/Special tubes**[1]	3-5 days
Noonan/LEOPARD/Cardio-Facio-Cutaneous/Costello Syndromes NGS Panel – full sequencing across 20 genes	GENE	AA[9]	6 weeks
Noonan Syndrome Prenatal Screening – PTPN11 exons 3 & 8 only	GENE	**CVS/AF**	2 weeks
Norrie Disease – NDP gene sequencing + deletions/duplications	GENE	A[9]	8 weeks
NPM1 mutascreen assay	NPM1	A	2 weeks
Nystagmus, X-linked Infantile – FRMD7 gene sequencing	GENE	A[9]	4 weeks
Oculocutaneous Albinism/Hermansky-Pudlak Syndrome/Pigmentation NGS Panel – full sequencing across 30 genes	GENE	AA[9]	4 weeks

Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Oculopharyngeal Muscular Dystrophy – PABPN1 repeat analysis	GENE	A[9]	4 weeks
Optic Atrophy NGS Panel – full sequencing OPA1 + OPA3 genes	GENE	A A[9]	4 weeks
Osteogenesis Imperfecta NGS Panel – full sequencing COL1A1 + COL1A2 + CRTAP + P3H1 genes	GENE	A A[9]	5 weeks
Ovarian Cancer NGS Panel – full sequencing across 16 genes + deletions/duplications	Requires patient informed consent GENE	A A[9,11]	4 weeks
p53-related cancer predisposition (Li-Fraumeni Syndrome) – TP53 sequencing + MLPA	Requires patient informed consent GENE	A[9,11]	6 weeks
Pan-Ethnic/Jewish Carrier Screening – see profiles	GENE	A[9]	4 weeks
Pancreatic Cancer NGS Panel – full sequencing across 22 genes + deletions/duplications	Requires patient informed consent GENE	A A[9,11]	4 weeks
Pancreatitis (Hereditary) – PRSS1 hotspot sequencing + deletions/duplications + SPINK1 N34S common mutation	GENE	A[9]	8 weeks
Paraganglioma/Pheochromocytoma NGS Panel – full sequencing across 11 genes + deletions/duplications	Requires patient informed consent GENE	A A[9,11]	4 weeks
Paternity Testing (postnatal and prenatal) – sample required from each person being tested (3 people)	PATT	A/AF/CVS[9,11,12] **Contact lab**	5 days
Pelizaeus-Merzbacher Disease – PLP1 sequencing + deletions/duplications	GENE	A[9]	8 weeks
Pendred Syndrome – SLC26A4 gene sequencing	GENE	A[9]	4 weeks
Periodic Fever/Autoinflammation NGS Panel – full sequencing across 36 genes	GENE	A A[9]	6 weeks
Peutz-Jegher Syndrome – STK11 sequencing + deletions/duplications	GENE	A[9]	8 weeks
Phelan-McDermid Syndrome – karyotype + FISH	KARY, FISH	CVS/AF/H[9]	12-17 days
Pheochromocytoma/Paraganglioma NGS Panel – full sequencing across 11 genes + deletions/duplications	Requires patient informed consent GENE	A A[9,11]	4 weeks
Pigmentation/Oculocutaneous Albinism/ Hermansky-Pudlak Syndrome NGS Panel – full sequencing across 30 genes	GENE	A A[9]	4 weeks
POLG-Related Disorders – full POLG sequencing + copy number variant	GENE	A[9]	5 weeks
Polycystic Kidney/NGS Panel – full sequencing across 6 genes	GENE	A A[9]	6 weeks
Pontocerebellar Hypoplasia NGS Panel – full sequencing across 9 genes	GENE	A A[9]	6 weeks
Prader-Willi Syndrome (Primary Screen) – methylation PCR	PWAM	A[9]	5 days
Prenatal Diagnosis for haemoglobinopathies	PND	CVS/Amniocentesis/ fetal blood	3 days

Always provide Clinical Details and Family History with requests for Genetic Tests.
Turnaround times are quoted as working days.

TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Primary Ciliary Dyskinesia (PCD) NGS Panel – full sequencing of 38 genes	GENE	A A [9]	6 weeks
Primary Hyperoxaluria Panel – full sequencing across 3 genes + CNV	GENE	A	6 weeks
Product of Conception BOBs only – rapid aneuploidy diagnosis for all chromosomes	KBOB	**Placental Sample or Solid Tissue** [1,9]	3-6 days
Product of Conception – rapid BOBs aneuploidy diagnosis for all chromosomes (5 days) + culture (25 days) – see profiles	PBK	**Placental Sample** [1,9]	5-25 days
Prostate Cancer NGS Panel – full sequencing across 12 genes + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	4 weeks
Protein C Deficiency – PROC Gene Variant Analysis (Known Genotype)	PCMA	A A (Whole blood 10ml) [40]	6 weeks
Protein C Deficiency – PROC Gene Variant Analysis (Unknown Genotype)	PCMA	A A (Whole blood 10ml) [40]	12 weeks
Pseudoachondroplasia (Multiple Epiphyseal Dysplasia) – COMP hotspot sequencing	GENE	A [9]	8 weeks
PTEN-related disorders (including Bannayan-Riley-Ruvalcaba, Cowden & Proteus Syndromes) – sequencing + deletions/duplications	GENE	A A [9,11]	8 weeks
QF-PCR rapid common aneuploidy screen	APC	**AF**/A [9]	1-2 days
Recurrent Miscarriage Profile (female) – see profiles	RMP	A A B C C C H [9,18]	10-15 days
Renal Cysts and Diabetes (RCAD) – HNF-1β sequencing + deletions/duplications	GENE	A [9]	8 weeks
Renal/Urinary Tract Cancer NGS Panel – full sequencing across 28 genes + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	4 weeks
Retinal Dystrophy/NGS Panel – full sequencing across 537 genes	GENE	A A [9]	5 weeks
Retinoblastoma – RB1 sequencing + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	8 weeks
Rett/Angelman Syndromes NGS Panel – full sequencing across 30 genes	GENE	A A [9]	6 weeks
Rett Syndrome (MECP2 gene only) – full sequencing + deletions/duplications	Requires patient informed consent GENE	A [9,11]	8 weeks
Sanjad-Sakati (Kenny-Caffey) Syndrome – common 12bp TBCE gene deletion	TBC	A [9]	10 days
Sarcoma NGS Panel – full sequencing across 26 genes + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	4 weeks
Short-Chain Acyl-CoA Dehydrogenase Deficiency – ACADS sequencing	GENE	A [9]	5 weeks
Short Stature – SHOX mutation screening + deletions/duplications	GENE	A [9]	8 weeks
Silver-Russell Syndrome – methylation studies on 11p15 imprinting domains KvDMR + H19	GENE	A [9]	4 weeks

Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Skeletal Dysplasia NGS Panel – full sequencing across 179 genes	GENE	A A [9]	6 weeks
Smith-Lemli-Opitz Syndrome – DHCR7 sequencing	GENE	A [9]	8 weeks
Smith-Magenis Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	**CVS**/**AF**/A H [9]	5-15 days
Smith-Magenis Syndrome – BoBs only	PBOB	**CVS**/**AF**/A [9]	5 days
Sotos Syndrome (Cerebral Gigantism) – NSD1 sequencing + deletions/duplications	GENE	A [9]	5 weeks
Spastic Paraplegia NGS Panel – full sequencing across 262 genes + deletions/duplications + mitochondrial DNA	GENE	A A [9]	5 weeks
Spinal Bulbar Muscular Atrophy (Kennedy Disease) – AR repeat analysis	GENE	A [9]	6 weeks
Spinal Muscular Atrophy – SMN1 deletions/duplications	SMA	A [9]	10 days
Spinocerebellar Ataxia – multiplex SCA1+2+3+6+7+17 common repeat expansions	GENE	A [9]	4 weeks
Spinocerebellar Ataxia NGS Panel – full sequencing across 4 genes	GENE	A A [9]	6 weeks
SRY (Sex-determining Region Y)	SRY	A [9]	2 days
Stargardt/Macular Dystrophy NGS Panel – full sequencing across 13 genes	GENE	A A [9]	4 weeks
Stickler Syndrome NGS Panel – full sequencing across 6 genes	GENE	A A [9]	6 weeks
Systemic mastocystosis – C-Kit common mutation (KIT D816V)	GENE	A [9]	4 weeks
T cell clonality assay (TCR beta and TCR gamma)	TCRA	A or **FFPE**	2 weeks
Tay Sachs Screen – 5 common mutations. See also Pan-Ethnic/Jewish Carrier Profile	GENE	A [9]	5 weeks
Thrombotic Risk – see profiles	PROP	A A B C C C [18]	5 days
Thyroid Cancer NGS Panel – full sequencing across 7 genes + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	4 weeks
Torsion Dystonia (DYT1) – TOR1A common mutation c.904-906delGAG	GENE	A [9]	5 weeks
Treacher-Collins Syndrome NGS Panel – full sequencing POLR1C + POLR1D + TCOF1	GENE	A A [9]	6 weeks
Tuberous Sclerosis – full TSC1 + TSC2 gene sequencing	GENE	A A [9]	5 weeks
Uni Parental Disomy (UPD) – parents and child – ***specify chromosome***	Specify type	A [9,12]	5 days
Urinary Tract/Renal Cancer NGS Panel – full sequencing across 28 genes + deletions/duplications	Requires patient informed consent GENE	A A [9,11]	4 weeks
Usher Syndrome NGS Panel – full sequencing across 19 genes	GENE	A A [9]	6 weeks
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency – ACADVL sequencing	GENE	A [9]	6 weeks
Von Hippel-Lindau Syndrome – VHL sequencing + deletions/duplications	GENE	A [9]	8 weeks

Always provide Clinical Details and Family History with requests for Genetic Tests.
Turnaround times are quoted as working days.

TDL Genetics

TEST	CODE	SAMPLE REQS	TAT
Von Willebrands Disease – Type 2 (Ex28) Variant Analysis (VWF) (Known Genotype)	VW2A	AA (Whole blood 10ml) [40]	6 weeks
Von Willebrands Disease – Type 2 (Ex28) Variant Analysis (VWF) (Unknown Genotype)	VW2A	AA (Whole blood 10ml) [40]	12 weeks
Von Willebrands Disease – Type 2 VWD Variant Analysis (VWF) (Known Genotype)	2AVW	AA (Whole blood 10ml) [40]	6 weeks
Von Willebrands Disease – Type 2 VWD Variant Analysis (VWF) (Unknown Genotype)	2AVW	AA (Whole blood 10ml) [40]	12 weeks
Von Willebrands Disease – Type 2N Variant Analysis (VWF) (Known Genotype)	VW2N	AA (Whole blood 10ml) [40]	6 weeks
Von Willebrands Disease – Type 2N Variant Analysis (VWF) (Unknown Genotype)	VW2N	AA (Whole blood 10ml) [40]	12 weeks
Wolf-Hirschhorn Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	**CVS/AF/**AH [9]	5-15 days
Wolf-Hirschhorn Syndrome – BOBs only	PBOB	**CVS/AF/**A [9]	5 days
Y chromosome microdeletions – AZFa + AZFb + AZFc + SRY	YDEL	A [9]	5 days
Zellweger Syndrome NGS Panel – full sequencing across 12 genes	GENE	AA [9]	6 weeks
Zygosity testing – comparative DNA profile	DNAC	A (From each twin and both parents) [9]	5 days

Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

ARRAY CGH TESTING

Chromosome abnormalities can be associated with developmental delay, autism spectrum disorder, learning difficulties, dysmorphic features and other congenital abnormalities.

Array CGH can detect smaller genetic changes than is possible by conventional karyotyping, and can provide accurate information on the size and possible consequences of the gains (duplications) or losses (deletions) identified. Multiple studies have shown that Array CGH, when applied to appropriate patients, will detect up to three times more pathogenic chromosome imbalances than karyotyping due to its greater precision and sensitivity.

Array CGH testing is now considered to be the front line test for patients presenting with developmental delay (motor or growth), autism spectrum disorder, moderate to severe learning difficulties, dysmorphic features, with or without congenital abnormalities. Consortiums in the USA and many EU countries have adopted Array CGH as the front line test in this patient cohort.

Array CGH is now more frequently used for prenatal studies as an adjunct or replacement for conventional cytogenetic studies, particularly where structural fetal abnormalities are seen at ultrasound scan but also at a patient's or doctor's request. The technique may also be utilised as a follow up test to characterise anomalies detected by a previous study (e.g. an apparently balanced de novo rearrangement or marker chromosome).

When to use Array CGH

In postnatal cases, patients should present with one or more of the following:

- Mental retardation
- Autism/autism spectrum disorder
- Congenital malformations
- Developmental delay
- Dysmorphic features

In prenatal cases, patients may present with:

- Abnormalities or increased nuchal translucency on ultrasound scan which may be associated with a chromosome imbalance.

Approximately 10-20% of results identify extra or missing DNA which may or may not be relevant to the clinical phenotype, and will require further family studies to assist with interpretation.

What can Array CGH detect?

Deletions and duplications with greater sensitivity than conventional karyotyping.

What does Array CGH not detect?

- Balanced chromosome rearrangements such as translocations or inversions. The chromosome location of duplications (this would require additional FISH testing).
- Low frequency mosaicism (<30% abnormal cells), some types of polyploidy like triploidy, Uniparental disomy (UPD) and Fragile X syndrome, imprinting defects, genetic diseases caused by point mutations or multifactorial inheritance.

Further information is provided by the UNIQUE website at www.rarechromo.org

TEST	CODE	SAMPLE REQS	TAT
Postnatal array CGH	CGH	A H[9]	10 days

Blood from both parents may also be provided in case of follow up studies at no extra charge.

TEST	CODE	SAMPLE REQS	TAT
Prenatal array CGH	CGH	**Amniotic fluid** or **CVS**[9]	10 days

EDTA and heparin blood from both parents should be provided at the time of prenatal sampling, if possible, in case of follow up studies at no extra charge.

Always provide Clinical Details and Family History with requests for Genetic Tests.
Turnaround times are quoted as working days.

TDL Genetics

PAN-ETHNIC CARRIER SCREENING

The Fulgent Beacon carrier panel is a comprehensive genetic screen for people of all ethnic backgrounds. The panel analyses more than 300 genes, in which mutations may cause over 440 different recessive disorders. Testing includes Cystic Fibrosis, Sickle Cell Disease, Thalassemia and Spinal Muscular Atrophy. These conditions vary in morbidity, mortality and treatment.

The Beacon carrier screen can also be filtered to report only on diseases common to the Jewish population – such as Bloom Syndrome, Canavan Disease, Gaucher Syndrome and Tay-Sachs Disease.

Indications for use

- Pre-pregnancy screening for couples that wish to check if they are silent carriers for a disease that would have serious implications for the future health of any children.
- For patients who are concerned about a family history of a particular disease, where common mutation detections are very high – such as Tay-Sachs Disease.

The report comes with a synopsis of any diseases for which a mutations was found, including prognosis, treatment and mode of inheritance. It includes a risk assessment and recommendations for further testing.

A full list of diseases covered by this test is available from the laboratory.


4978 Santa Anita Ave
Temple City, CA 91780
(p) 626-350-0537 (f) 626-454-1667
info@fulgentgenetics.com
www.fulgentgenetics.com

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DRAFT RESULTS

TEST PERFORMED

Beacon Expanded Female Carrier Screening

(305 Gene Panel; full gene sequencing with deletion and duplication analysis)

Condition and Gene	Inheritance	Patient Last, Patient First	Partner
Fragile X syndrome FMR1	X-linked	Premutation carrier (29 repeats and 75 repeats; 2 AGG interruption detected)	N/A

INTERPRETATION:

Notes and Recommendations:

- Based on these results, there is increased risk to have a child with an FMR1-related condition. See below for details.
- Testing for copy number changes in the SMN1 gene was performed to screen for your carrier status for Spinal Muscular Atrophy. Two copies of the SMN1 gene were detected. These results are within the normal range for non-carriers. See Limitations section for more information.
- This carrier screening test does not screen for all possible genetics conditions, nor for all possible mutations in every gene tested. Individuals with negative test results may still have up to a 3-4% risk to have a child with a birth defect due to genetic and/or environmental factors.
- Patients may wish to discuss any carrier results with blood relatives, as there is an increased chance that they are also carriers.

Patient: Patient Last, Patient First; Sex: ?;
DOB: Jan 01, 1900; MR#: 000-000-000

Accession#: FT-1612508; FD Patient#: FT-PT21496;
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4978 Santa Anita Ave
Temple City, CA 91780
(p) 626-350-0537 (f) 626-454-1667
info@fulgentgenetics.com
www.fulgentgenetics.com

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DRAFT RESULTS

TEST PERFORMED

Beacon Expanded Female Carrier Screening

(305 Gene Panel; full gene sequencing with deletion and duplication analysis)

Condition and Gene	Inheritance	Patient Last, Patient First	Partner
Neuronal ceroid lipofuscinosis, CLN5-related CLN5	Autosomal Recessive	Carrier c.986-6A>A (p.?)	N/A

INTERPRETATION:

Notes and Recommendations:

- A likely pathogenic variant in the *CLN5* gene was identified. Based on these results, there is an approximately 1 in 920 chance of having a child affected with **Neuronal ceroid lipofuscinosis**. Testing for mutations in this gene in the partner is highly recommended to better understand this risk. Please contact the lab for this service. See page 2 of this report for more information.
- Testing for a 3 nucleotide (CGG) repeat sequence in the FMR1 gene was performed to screen for your carrier status for Fragile X Syndrome. The repeat sizes detected were: 18 and 22 repeats. These results are within the normal range. Therefore, you are not considered a carrier for Fragile X Syndrome.
- Testing for copy number changes in the SMN1 gene was performed to screen for your carrier status for Spinal Muscular Atrophy. Two copies of the SMN1 gene were detected. These results are within the normal range for non-carriers. See Limitations section for more information.
- This carrier screening test does not screen for all possible genetics conditions, nor for all possible mutations in every gene tested. Individuals with negative test results may still have up to a 3-4% risk to have a child with a birth defect due to genetic and/or environmental factors.
- Patients may wish to discuss any carrier results with blood relatives, as there is an increased chance that they are also carriers.

Patient: Patient Last, Patient First; Sex: ?;
DOB: Jan 01, 1900; MR#: 000-000-000

Accession#: FT-1612508; FD Patient#: FT-PT21496;
DocID: ; Page 1 of 17

Male patients will not be screened for X-linked conditions. If an X-linked condition is suspected in a male patient please contact the laboratory or a genetics specialist about diagnostic testing for that particular condition.

Limitations

A normal result does not rule out the possibility that the patient carries a rare mutation not detectible by this particular assay. For this reason, this test is also not appropriate to use as a direct prenatal screen (both parents must be confirmed carriers for a particular disease before we can offer prenatal diagnosis).

Screening is not designed to detect somatic mutations.

TEST	CODE	SAMPLE REQS	TAT
Pan-Ethnic Carrier Screen	GENE	A 9	4 weeks
Jewish Panel Carrier Screen	ASHJ	A 9	4 weeks

Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

harmony®

NON-INVASIVE PRENATAL TESTING (NIPT)

The Harmony test is a cell-free DNA-based prenatal blood screen. It is being used in more than 100 countries around the world, and has been used to guide clinical care in over 1.4 million pregnancies. The test can be used in singleton, twin, and egg-donor pregnancies and has been validated for use in pregnant women aged 18 to 48. It can be administered as early as 10 weeks gestation.

The test can screen for:

- Trisomies 21, 18, and 13
- Sex chromosome aneuploidy
- Monosomy X
- Fetal sex
- 22q11.2 deletion

Patient information

Non-invasive prenatal testing (NIPT) analyses cell-free DNA circulating in a pregnant mother's blood. It is used screen for Down syndrome (trisomy 21) and other common chromosomal conditions (trisomies 18 and 13). Options are also available to screen for X and Y chromosome conditions or for a deletion in chromosome 22q11.2.

About the test

DNA from the fetus circulates in the mother's blood. Cell-free DNA (cfDNA) results from the natural breakdown of fetal cells (presumed to be mostly placental) and clears from the maternal system within hours of giving birth.

During a pregnancy, cfDNA can be tested to give the most accurate screening approach in estimating the risk of a fetus having a common chromosome condition sometimes called a trisomy. This occurs when there are three copies of a particular chromosome instead of the expected two. The test looks to detect the following conditions:

- **Trisomy 21** is the most common trisomy at the time of birth. Also called Down syndrome, it is associated with moderate to severe intellectual disabilities and may also lead to digestive disease, congenital heart defects and other malformations.
- **Trisomy 18** (Edwards syndrome) and **Trisomy 13** (Patau syndrome) are associated with a high rate of miscarriage. These babies are born with severe brain abnormalities and often have congenital heart defects as well as other birth defects. Most affected individuals die before or soon after birth, and very few survive beyond the first year of life.
- **Sex chromosome conditions** occur when there is a missing, extra, or incomplete copy of the X or Y chromosomes. The Harmony test with sex chromosome aneuploidy panel option can assess risk for XXX, XYY, XXYY, XXY (Klinefelter syndrome), and a missing X chromosome in a girl (Turner syndrome).

Options are also available to look for Turner syndrome only (and not the other sex chromosome conditions), and/or to look for a deletion in chromosome 22q11.2. If the mother is interested in having this optional testing, she should talk with her healthcare provider to determine if it is right for her. This option is not available for twin pregnancies.

Risk

The testing is non-invasive: it involves taking a blood sample from the mother. The pregnancy is not put at risk of miscarriage, or from other adverse outcomes that are associated with invasive testing procedures such as amniocentesis.

Accuracy

A 'high probability' result is indicative of a high probability for a trisomy. In singleton pregnancies, the test identifies more than 99% of fetuses with trisomy 21, 97% of fetuses with trisomy 18, 94% of fetuses with trisomy 13, and 96% of fetuses with Turner syndrome. X and Y analysis provides >99% accuracy for fetal sex. Accuracy for detecting other sex chromosome anomalies varies by condition.

After the test, less than 1% of women need to have a CVS or an amniocentesis procedure.

The Harmony test is considered a prenatal screening test, not a diagnostic test. So if the test results show there is a high risk of the fetus having trisomy 21, 18, 13 or a sex chromosome condition, it does not mean that the fetus definitely has one of these conditions – although it is highly likely. For this reason, in the event of a 'high risk' (or positive) result, follow-up testing by an invasive procedure is recommended.

TDL Genetics

In the same way, if the test results show a 'low probability' of the fetus having trisomy 21, 18, 13 or a sex chromosome condition, it is unlikely that the fetus has one of these conditions. However, there is a very small risk that not all trisomic fetuses will be detected.

Who can have this test?

The Harmony test can be ordered by healthcare professionals for women with pregnancies of at least 10 weeks' gestational age. This test can be requested for any singleton or twin pregnancy, including those conceived naturally or by IVF using the patient's own egg or a donor egg. Note that, in twin pregnancies, sex chromosome (X and Y) analysis can determine fetal sex but not sex chromosome conditions. The Harmony test also does not assess risk for mosaicism, partial trisomies or translocations.

Results will be ready in approximately 3-5 days. Women still can have their 12-week scan for a detailed examination of the fetal anatomy, including measurement of nuchal translucency, nasal bone and other important factors. In this visit, patients can discuss the DNA and ultrasound results with their obstetricians.

On the basis of the NIPT result and the ultrasound findings, a patient can decide whether or not she wants to have an invasive procedure (for example, CVS or amniocentesis).

Repeat samples

There needs to be enough fetal DNA in the maternal blood to be able to provide a result. If there is insufficient fetal DNA in the sample (which occurs in 3% of cases), another blood sample from the mother may be required. This will be processed in the laboratory at no extra charge.

What is the process?

Once the mother has taken an independent personal decision that she wants to have the NIPT performed, she will be asked to sign a consent form and her blood sample can be taken from a vein in her arm.

Who carries out the analysis of the test?

Her sample and completed request form need to be sent to TDL Genetics, where the Harmony test is performed on the DNA extracted from her blood sample.

Will the mother need to have any other tests?

The Harmony test does not provide information on mosaicism, partial trisomies or translocations, or other rare chromosomal abnormalities. If the ultrasound scan shows a high nuchal translucency or other major physical defects such as brain abnormalities, heart abnormalities, the risk for some rare chromosomal defects may be high. In such cases, the mother may choose to have a CVS or an amniocentesis.

The non-invasive prenatal test does not provide information on other physical defects such as spina bifida, or information on fetal growth. It is therefore advisable that the mother has all the usual ultrasound scans during her pregnancy.

Sample stability

Samples must be taken in special tubes provided by the laboratory. These samples must not be refrigerated, but stored at ambient temperature protected by the gel packs provided. The lab must receive the samples within 7 days to allow testing to proceed.

TEST	CODE	SAMPLE REQS	TAT
Non-Invasive Prenatal Testing – common aneuploidy screening from maternal blood	**NIPT**	Two 10ml tubes of maternal blood – special tubes provided by the laboratory	3-5 days
Non-Invasive Prenatal Testing – common aneuploidy screening from maternal blood including 22q11.2 del	**NIPQ**	Two 10ml tubes of maternal blood – special tubes provided by the laboratory	3-5 days

Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

TDL Genetics

22Q DELETION SCREENING

TDL Genetics will include 22q11.2 deletion, if requested as an additional option in the Harmony prenatal test menu. 22q11.2 deletion is the underlying cause of conditions described as DiGeorge syndrome and velocardiofacial syndrome (VCFS).

Why is 22q11.2 being included in the Harmony test (and not other microdeletion syndromes)?

- The 22q11.2 deletion has been carefully chosen as the only clinically relevant microdeletion syndrome to include with NIPT.
- 22q11.2 deletion is the most common chromosomal microdeletion, occurring in up to 1 in 1000 pregnancies.
- Other microdeletion syndromes have a much lower incidence and would increase the false positive rate of the test.

What is the performance of the 22q.11.2 addition?

- Inclusion of 22q11.2 deletion is aimed at a screening population, the test has been shown to identify 75% of pregnancies with a 22q11.2 deletion. Therefore, pregnancies with a known higher risk of 22q11.2 deletion, whether ascertained through ultrasound scan or family history should consider invasive diagnostic testing as this test will not identify 1 in 4 (25%) of cases.
- There is a false-positive rate of up to 0.5% associated with the 22q11.2 part of the Harmony test. This means that in 200 women with a pregnancy unaffected by 22q11.2 deletion 199 will receive a low probability result and 1 will receive a high probability result.

What is the benefit of finding out that a pregnancy has a high probability of a 22q11.2 deletion?

- Early screening and diagnosis of 22q11.2 deletions affects pregnancy management.
- Following confirmatory diagnosis of 22q.11.2 deletion the following may be recommended:
  - Level ll ultrasound with fetal echocardiogram to evaluate for anomalies such as congenital heart defect and cleft palate.
  - Screening for and coordinated management of associated conditions.
  - Delivery at a tertiary care centre.

How do I request the 22q11.2 additional test option?

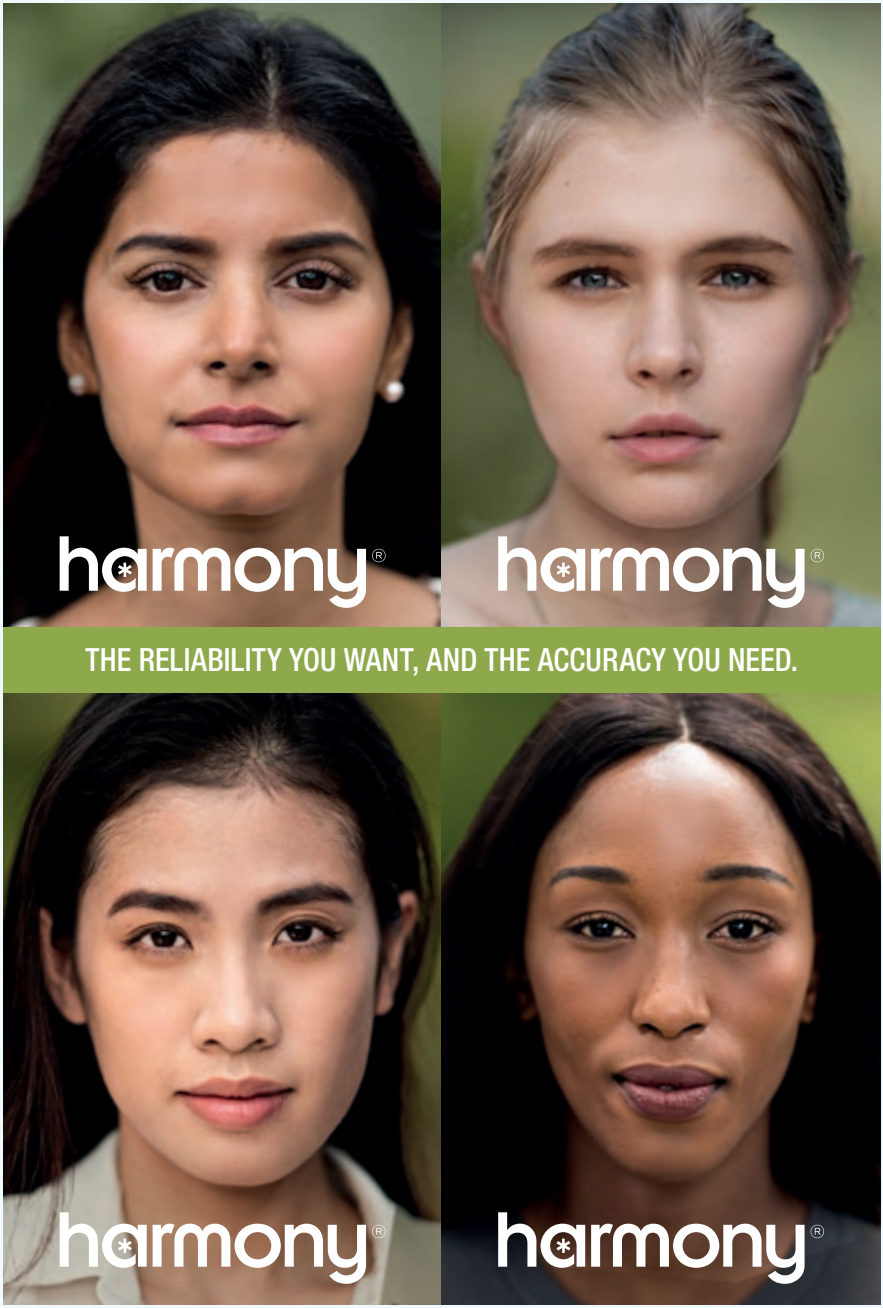
- Our updated request forms include the option of selecting 22q11.2 deletion. Tick this box if this is required.
- The 22q11.2 deletion cannot be requested in twin pregnancies or in pregnancies where the mother has a 22q11.2 duplication or deletion.
- There is an additional charge for 22q11.2 deletion.
- When discussing the informed consent for the Harmony test with your patient you must ensure they have read all the information on the reverse of the request form including the additional section headed 'What are the limitations of the Harmony prenatal test for 22q11.2?'

If 22q11.2 deletion is detected, we will undertake a confirmatory aCGH (microarray) on a CVS or Amnio, if undertaken, at no additional charge.

If you would like any further information about the 22q11.2 test please contact us at TDL Genetics by phone 020 7307 7409 or email harmony@tdlgenetics.com

Always provide Clinical Details and Family History with requests for Genetic Tests.
Turnaround times are quoted as working days.

TDL Genetics



Always provide Clinical Details and Family History with requests for Genetic Tests.

Key: See page 19 for sample taking and special handling instructions.

TDL Genetics

MALE GENETIC REPRODUCTIVE PROFILE

Chromosome Analysis
Y-Chromosome Microdeletions
Cystic Fibrosis Carrier Screen
(139 common mutations)
PolyT (5T,7T,9T) if clinically indicated

TAT 10-15 DAYS

GRP

A H [9]

PAN-ETHNIC CARRIER SCREEN

2000+ Common Mutations across 250+ Diseases*

includes 20+ X-linked Diseases and 60+ Jewish Panel Diseases

TAT 4 WEEKS

GENE

A [9]

RECURRENT MISCARRIAGE PROFILE (FEMALE)

FBC
Coagulation Profile
Antithrombin III
Factor V Leiden
Common Mutation
Factor II Prothrombin
Common Mutation
MTHFR Common Variants
Fibrinogen
Lupus Anticoagulant
Protein C
Free Protein SAg
Anticardiolipin Abs
Chromosome Analysis

Please request Partner's Chromosome Analysis using a separate request form.

TAT 10-15 DAYS

RMP

A A B C C C H [9,18]

THROMBOTIC RISK PROFILE

FBC
Coagulation Profile
Antithrombin III
Factor V Leiden
Common Mutation
Factor II Prothrombin
Common Mutation
MTHFR Common Variants
Lupus Anticoagulant
Protein C
Free Protein S Ag
Anticardiolipin Abs

TAT 5 DAYS

PROP

A A B C C C [18]

JEWISH CARRIER SCREEN

60+ Jewish Panel Diseases*

uses the same technology as the Pan-Ethnic Carrier Screen, but filters results to only report on mutations commonly seen in the Jewish Population

TAT 4 WEEKS

ASHJ

A [9]

* Disease list available from the Laboratory

PRENATAL DIAGNOSIS (BOBS + CULTURE)

Rapid Aneuploidy Diagnosis for All Chromosomes + Common Microdeletion Syndromes by BOBs Analysis — TAT 3-5 DAYS

Chromosome Analysis (Karyotype) — TAT 15 DAYS

ABK or CBK

AF / CVS [9]

PRE-TRAVEL (DVT) SCREEN

FBC
Anticardiolipin Antibodies
Factor II Prothrombin Mutation (G20210A)
Factor V Leiden Mutation (G1691A)

TAT 5 DAYS

DVT1

A A B [9]

IRON OVERLOAD PROFILE

Iron
Total Iron Binding Capacity
Ferritin
Haemochromatosis
C282Y, H63D

TAT 3 DAYS

IOP

A A B [9]

PRODUCTS OF CONCEPTION (BOBS + CULTURE)

Rapid Aneuploidy Diagnosis for all Chromosomes by BOBs Analysis — TAT 3-5 DAYS

Chromosome Analysis (Karyotype) — TAT 25 DAYS

PBK

Placental sample [1,9]

Always provide Clinical Details and Family History with requests for Genetic Tests.
Turnaround times are quoted as working days.

In-vivo tests

These tests, ideally, must be carried out by appointment. Please telephone 020 7307 7383 for details, information for patient preparation, and appointment times. Sample taking fees for Extended tests are charged at £98.00 per visit.

EXTENDED TESTING

- 50g liquid glucose is consumed for the glucose challenge test/Mini-GTT.
- 75g liquid glucose is consumed for all other glucose tests.
- Each sample tube must be labelled with time of collection.

GLUCOSE TOLERANCE TESTS

TEST	CODE	SAMPLE REQS	COLLECTION TIME (MINUTES POST-GLUCOSE)	TAT
Glucose Challenge Test/Mini-GTT	RBGM	G	1 at 60 mins (50gm glucose)	1 day
Glucose Tolerance Test/OGTT	GTT	3x G 3x**RU**	1 each at 0, 60 and 120 mins (75gm glucose load)	1 day
Glucose Tolerance with Insulin	GTTI	3x B 3x G 3x**RU**	1 each at 0, 60 and 120 mins	1 day
Glucose Tolerance with Growth Hormone	GTT+GHDF	3x B[35] 3x G 3x**RU**	1 each at 0, 60 and 120 mins	1 day
Glucose Tolerance Test (Short)	GTTS	2x G 2x**RU**	1 each at 0 and 120 mins	1 day
Glucose Tolerance Test (Extended)	GTTE	5x G 5x**RU**	1 each at 0, 30, 60, 90 and 120 mins	1 day
Glucose Tolerance Test (Extended Plus)	GTTX	7x G 7x**RU**	1 each at 0, 30, 60, 90, 120, 150 and 180 mins	1 day

EXTENDED TESTS

TEST	CODE	SAMPLE REQS	COLLECTION TIME (MINUTES POST-GLUCOSE)	TAT
Lactose Tolerance Test	LTT	By appointment only	Contact 020 7025 7997 (Phlebotomy)	1 day
Synacthen Stimulation Test	SYNA	By appointment only	Contact 020 7025 7997 (Phlebotomy)	1 day

ANTIBIOTIC ASSAYS

TEST	CODE	SAMPLE REQS	TAT
Amikacin Level (State dose)	AMIK	B[4]	4 hours
Gentamicin Assay	GENT	B[4]	4 hours
Metronidazole Level	METR	B[4]	7 days
Teicoplanin Assay	TEIC	B	5 days
Tobramycin Assay (Provide Clinical Details)	TOBR	B	3 days
Vancomycin Hydrochloride	VANC	B	4 hours

Key: See page 19 for sample taking and special handling instructions.

Therapeutic drug assays

There are three different collection times for Therapeutic Drug Monitoring:

TROUGH LEVEL Blood should be collected just before the next dose. Trough Levels check that the appropriate drug concentration is being maintained.

PEAK LEVELS Sample collection time is dependent on specific drug type and method of administration. Peak levels check that the drug level is not in the toxic range.

SUSPECTED TOXICITY Blood can be collected any time.

All collections should have the following noted on the request form:

- Dosage schedule including the amount and frequency and time of the last dose
- Time of specimen collection
- Clinical status of patient (e.g. routine, suspected toxicity)
- Name(s) of other drugs being taken by the patient

TEST	CODE	SAMPLE REQS	TAT
Amitriptyline	AMTR	A[4]	5 days
Anafranil (Clomipramine)	CHLO	A	7 days
Carbamazepine (Tegretol)	CARB	B	4 hours
Clobazam	CLOB	A	5 days
Clomipramine (Anafranil)	CHLO	A	7 days
Clonazepam	CLON	A	7 days
Diazepam (Valium)	DIAZ	A	7 days
Digoxin	DIGO	B	4 hours
Epanutin (Phenytoin)	PHEN	B	4 hours
Erythropoietin	ERY	B	4 days
Ethosuximide	ETHO	A	7 days
FK506 (Tacrolimus/Prograf)	FK5	A[4]	1-2 days
Flecainide (Tambocor)	FLEC	A	5 days
Fluoxetine (Prozac)	PROZ	A[4]	5 days
Gabapentin	GABA	B[4]	5 days
Imipramine	IMIP	A[4]	4 days
Lamotrigine	LAMO	B[4]	5 days
Levetiracetam (Keppra)	LEVE	B[4]	3 days
Lithium (take 12 hours after dose)	LITH	B	4 hours
Lorazepam	LORA	A[4]	10 days
Methotrexate	METX	B	2 days
Mycophenolic Acid (Cellcept)	MYCP	A	5 days
Mysoline (Primidone)	PRIM	B[4]	3 days
Olanzapine	OLAN	A[4]	5 days
Paracetamol	PARA	B	4 hours
Phenobarbitone	PHB	B	4 hours
Phenytoin (Epanutin)	PHEN	B	4 hours
Primidone (Mysoline)	PRIM	B[4]	3 days

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Therapeutic drug assays

TEST	CODE	SAMPLE REQS	TAT
Propanalol	PRO	B[4]	7 days
Risperidone	RISP	A[4]	7 days
Sinequan (Doxepin)	DOXE	A	10 days
Sirolimus	SIRO	A	3 days
Streptomycin Levels	STRM	F	5 days
Sulpiride	SULP	B[4]	4 days
Tacrolimus/Prograf (FK506)	FK5	A[4]	1-2 days
Tegretol (Carbamazepine)	CARB	B	4 hours
Temazepam	TEMA	B[4]	4 days
Theophylline	THEO	B	4 hours
Topiramate (Topamax)	TOPI	B[4]	4 days
Trimipramine	TRIM	A	5 days
Valium (Diazepam)	DIAZ	A	7 days
Valproic Acid (Epilim)	VALP	B	4 hours
Vigabatrin (Sabril)	VIGA	A	10 days

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Allergy

Allergy, Asthma and Autoimmune diseases are increasing around the world, especially in industrialised countries and affect all ages. Since every country has their own dietary habits there are noteworthy differences in the allergens causing food allergy.

UK PROFILE

Total IgE plus:

Food Mix inc.
Cod, Cows Milk, Egg White, Soya Bean, Peanut, Wheat

Grass Mix inc.
Cocksfoot, Meadow Fescue, Meadow, Rye, Timothy

Cat Dander
Cladosporium Herbarum
Dog Dander
House Dust Mite
Latex

Fish: Cod

TAT 2 DAYS

ALUK

B

MEDITERRANEAN PROFILE

Total IgE plus:

A. alternata
Cat Epithelium and Dander
Cows Milk
Egg White
House Dust Mite (Dermatophagoides pteronyssinus and Dermatophagoides farinae)
Olive
Peanut
Rye-grass
Timothy Grass

TAT 2 DAYS

ALMD

B

MIDDLE EAST PROFILE

Total IgE plus:

Food Mix inc.
Cod, Cows Milk, Egg White, Soya Bean, Peanut, Wheat

Fish: Cod

Dust Mix inc.
House Dust Mite, Dermatophagoides pteronyssinus, Dermatophagoides farinae, Blatella germanica

TAT 2 DAYS

ALME

B

Allergy

TEST	CODE	SAMPLE REQS	TAT
Allergy – Individual Allergens See list on page 133	ALLE	B	2 days
Total IgE	IGE	B	1 day
Allergy Profile (UK)	ALUK	B	2 days
Allergy Profile (Mediterranean)	ALMD	B	2 days
Allergy Profile (Middle East)	ALME	B	2 days
Allergy Profile 1 (Food & Inhalants)	1A	B B	2 days
Allergy Profile 2 (Inhalants)	2A	B	2 days
Allergy Profile 3 (Food)	3A	B	2 days
Allergy Profile 4 (Nuts & Seeds)	4A	B	2 days
Allergy Profile 5 (Children's Panel)	5A	B	2 days
Allergy Profile 6 (Shellfish)	6A	B	2 days
Allergy Profile 7 (Finfish)	7A	B	2 days
Allergy Profile 8 (Cereal – singles)	8A	B	2 days
Allergy Profile 9 (Antibiotics)	9A	B	2 days
Allergy Profile 10 (Insects)	10A	B	2 days
Allergy Profile 11 (Combined Shellfish/Finfish)	11A	B	2 days
Allergy Profile 12 (Milk & Milk Proteins)	12A	B	2 days
Allergy Profile 13 (Stone fruit/Rosaceae family)	13A	B	2 days
Eczema Provoking Profile	ALEC	B	2 days
Gluten Allergy Profile	GLUT	A B B	10 days
Rhinitis Provoking Profile	ALRN	B	2 days
Tryptase	STRY	B	2 days
Allergen Component Profiles See page 137			
Histamine Releasing Urticaria Test	CURT	B	10-14 days
ISAC Panel	ISAC	B	3 days
Prealbumin	PALB	B	3 days

ECZEMA PROVOKING PROFILE (9 Allergens)

Total IgE with individual IgE allergens for:

- Cat Dander
- Egg White
- Egg Yolk
- Fish Mix
- Hazelnut
- House Dust Mite
- Milk
- Peanut
- Soya Bean
- Wheat

TAT 2 DAYS

ALEC

B

RHINITIS PROVOKING PROFILE (10 Allergens)

Total IgE with individual IgE allergens for:

- Birch
- Cat Dander
- Dog Dander
- Egg White
- Egg Yolk
- House Dust Mite
- Milk
- Nettle
- Peanut
- Timothy Grass

TAT 2 DAYS

ALRN

B

GLUTEN ALLERGY PROFILE

- Gluten single IgE Allergen
- Endomysial antibodies IgA
- Deamidated gliadin IgG antibodies
- Tissue transglutaminase IgA
- HLA DQ2/DQ8
- Total IgA

TAT 10 DAYS

GLUT

A B B

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Allergy

IgE ALLERGY PROFILE 1 (Food and inhalants)

Total IgE with individual IgE allergens for:

Grass Mix, inc.
Cocksfoot
Meadow Fescue
Meadow
Rye
Timothy

Weed Mix, inc.
Common Ragweed
Giant Ragweed
Western Ragweed

Dust Mix, inc.
Blatella germanica
Dermatophagoides pteronyssinus
Dermatophagoides farinae
Hollister-Stier Labs

Mould Mix, inc.
A. alternata
Aspergillus fumigatus
Candida albicans
Cladosporium herbarum
Helminthosporium halodes
Penicillium notatum

Tree Mix, inc.
Box Elder
Common Silverbirch
Hazel
Oak
London Plane
Maple
Sycamore

Single Allergens (19)
Beef
Bermuda Grass
Cat Dander
Clam
Common Silver Birch
Cows Milk
Crab
Dog Dander
Egg White
Egg Yolk
Fish (Cod)
Hazel Nut
Horse Dander
Latex
Nettle
Peanut
Shrimp/Prawn
Soya Bean
Wheat

TAT 2 DAYS

1A

B B

IgE ALLERGY PROFILE 2 (Inhalants)

Total IgE with individual IgE allergens for:

Alternaria
Aspergillus
Birch Pollen
Cat Dander
Cladosporium
Common Ragweed
Derma farinae
Dog Dander
House Dust Mite
Horse Dander
Timothy Grass

TAT 2 DAYS

2A

B

IgE ALLERGY PROFILE 3 (Food)

Total IgE with individual IgE allergens for:

Codfish
Cows Milk
Egg White
Egg Yolk
Kiwi
Peanut
Sesame
Soya
Wheat

TAT 2 DAYS

3A

B

IgE ALLERGY PROFILE 4 (Nuts and Seeds)

Total IgE with individual IgE allergens for:

Almond
Brazil Nut
Cashew
Hazel Nut
Macadamia Nut
Peanut
Pecan
Pine Nut
Pistachio
Poppy Seed
Pumpkin Seed
Sesame Seed
Sunflower Seed
Walnut

TAT 2 DAYS

4A

B

IgE ALLERGY PROFILE 5 (Children's Panel)

Total IgE with individual IgE allergens for:

Cat Dander
Cows Milk
Egg White
Egg Yolk
Mite, Pteronyssinus
Peanut
Soya Bean
Timothy Grass
Wheat Flour

TAT 2 DAYS

5A

B

IMMUNOCAP ISAC PANEL

Simultaneous measurement in a single test of specific antibodies to more than one hundred allergen components from more than 50 preselected allergen sources.

TAT 3 DAYS

ISAC

B

Allergy

IgE ALLERGY PROFILE 6 (Shellfish)

Total IgE with individual IgE allergens for:

Clam
Crab
Crawfish/Crayfish
Lobster
Octopus
Prawns/Shrimp
Scallop
Squid

TAT 2 DAYS

6A

B

IgE ALLERGY PROFILE 7 (Finfish)

Total IgE with individual IgE allergens for:

Codfish
Mackerel
Plaice
Sardine/Pilchard
Salmon
Sole
Swordfish
Tuna

TAT 2 DAYS

7A

B

IgE ALLERGY PROFILE 8 (Cereal – singles)

Total IgE with individual IgE allergens for:

Barley
Oat
Rye
Wheat

TAT 2 DAYS

8A

B

IgE ALLERGY PROFILE 9 (Antibiotics)

Total IgE with individual IgE allergens for:

Cefaclor
Pen G
Pen V

TAT 2 DAYS

9A

B

IgE ALLERGY PROFILE 10 (Insects)

Total IgE with individual IgE allergens for:

Common Wasp, Yellow Jacket
Bee
Paper Wasp
Yellow Hornet
White Faced Hornet

TAT 2 DAYS

10A

B

IgE ALLERGY PROFILE 11 (Combined Shellfish/Finfish)

Total IgE with individual IgE allergens for:

Cod
Prawn/Shrimp
Salmon
Scallop
Squid
Tuna

TAT 2 DAYS

11A

B

IgE ALLERGY PROFILE 12 (Milk & Milk Proteins)

Total IgE with individual IgE allergens for:

Alpha-lactalbumin – milk proteins
Beta-lactoglobulin – milk proteins
Casein – milk proteins
Cow's Milk
Goat's Milk
Mare's Milk
Sheep's Milk
Whey (cow and ewe)

TAT 2 DAYS

12A

B

IgE ALLERGY PROFILE 13 (Stone Fruit, Rosaceae family)

Total IgE with individual IgE allergens for:

Almond
Apple
Apricot
Cherry
Peach
Pear
Plum
Raspberry
Strawberry

TAT 2 DAYS

13A

B

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Allergy

Allergens, when requested individually are priced as single tests, sample 1 x B (up to 5 allergens).

Protein allergens are manufactured by Thermofisher (Phadia) and are IgE specific.

GRASS POLLENS
Bahia grass g17
Barley g201
Bermuda grass g2
Brome grass g11
Canary grass g71
Cocksfoot g3
Common reed g7
Cultivated oat g14
Cultivated rye g12
Cultivated wheat g15
Johnson grass g10
Maize, Corn g202
Meadow fescue g4
Meadow foxtail g16
Meadow grass,
Kentucky blue g8
Redtop, Bentgrass g9
Rye-grass g5
Sweet vernal grass g1
Timothy grass g6
Velvet grass g13
Wild rye grass g70

WEED POLLENS
Alfalfa w45
Camomile w206
Careless weed w82
Cocklebur w13
Common pigweed w14
Common ragweed w1
Dandelion w8
Dog fennel w46
False ragweed w4
Firebush (Kochia) w17
Giant ragweed w3
Goldenrod w12
Goosefoot,
Lamb's quarters w10
Japanese Hop w22
Lupin w207
Marguerite, Ox-eye daisy w7
Mugwort w6
Nettle w20
Parietaria officinalis w19
Parietaria judaica w21
Plantain (English), Ribwort w9
Rape w203
Rough marshelder w16
Saltwort (prickly),
Russian thistle w11
Scale, Lenscale w15
Sheep sorrel w18
Sunflower w204
Wall pellitory w19
Wall pellitory w21
Western ragweed w2
Wormwood w5
Yellow dock w23

TREE POLLENS
Acacia t19
American beech t5
Australian pine t73
Bald cypress t37
Bayberry t56
Box-elder t1
Cedar t212
Cedar elm t45
Chestnut t206
Common silver birch t3
Cottonwood t14
Cypress t222
Date t214
Douglas fir t207
Elder t205
Elm t8
Eucalyptus, Gum-tree t18
European ash t25
Grey alder t2
Hackberry t44
Hazel t4
Horn beam t209
Horse chestnut t203
Italian/Mediterranean/
Funeral cypress t23
Japanese cedar t17
Linden t208
Maple leaf sycamore,
London plane t11
Melaleuca, Cajeput-tree t21
Mesquite t20
Mountain juniper t6
Mulberry t70
Oak t7
Oil Palm t223
Olive t9
Paloverde t219
Pecan, Hickory t22
Peppertree t217
Pine t213
Privet t210
Queen palm t72
Red cedar t57
Red mulberry t71
Scotch broom t55
Spruce t201
Sweet gum t211
Walnut t10
White ash t15
White hickory t41
White pine t16
Willow t12
Virginia live oak t218

MICROORGANISMS
Acremonium kiliense m202
Alternaria alternata m6
Aspergillus flavus m228
Aspergillus fumigatus m3
Aspergillus niger m207
Aspergillus terreus m36
Aureobasidium pullulans m12
Botrytis cinerea m7
Candida albicans m5
Chaetomium globosum m208
Cladosporium herbarum m2
Curvularia lunata m16
Epicoccum purpurascens m14
Fusarium proliferatum
(F. moniliforme) m9
Setomelanomma rostrata
(Helminthosporium halodes) m8
Malassezia spp. m227
Mucor racemosus m4
Penicillium chrysogenum
(P. notatum) m1
Penicillium glabrum m209

Allergy

Phoma betae m13
Rhizopus nigricans m11
Staphylococcal enterotoxin A m80
Staphylococcal enterotoxin B m81
Staphylococcal enterotoxin C m223
Staphylococcal enterotoxin TSST m226
Stemphylium herbarum (S. botryosum) m10
Tilletia tritici m201
Trichoderma viride m15
Trichophyton mentagrophytes var. goetzii m210
Trichophyton mentagrophytes var. interdigitale m211
Trichophyton rubrum m205
Ulocladium chartarum m204

EPIDERMALS AND ANIMAL PROTEINS

Budgerigar droppings e77
Budgerigar feathers e78
Camel dander u328
Canary bird droppings e200
Canary bird feathers e201
Cat dander e1
Chicken droppings e218
Chicken feathers e85
Chicken, serum proteins e219
Chinchilla epithelium e208
Cow dander e4
Deer epithelium e216
Dog dander e5
Duck feathers e86
Ferret epithelium e217
Finch feathers e214
Fox epithelium e210
Gerbil epithelium e209
Goat epithelium e80
Goose feathers e70
Guinea pig epithelium e6
Hamster epithelium e84
Horse dander e3
Mink epithelium e203
Mouse epithelium e71
Mouse epithelium, serum proteins and urine proteins e88
Mouse serum proteins e76
Mouse urine proteins e72
Parakeet droppings e197
Parakeet serum e198
Parrot feathers e213
Pigeon droppings e7
Pigeon feathers e215
Rabbit epithelium e82
Rabbit, serum proteins e206
Rabbit, urine proteins e211
Rat epithelium e73
Rat epithelium, serum proteins and urine proteins e87
Rat serum proteins e75
Rat urine proteins e74
Reindeer epithelium e202
Sheep epithelium e81
Swine epithelium e83
Turkey feathers e89

MITES

Acarus siro (Storage mite) d70
Blomia tropicalis (House dust mite) d201
Dermatophagoides farinae (House dust mite) d2
Dermatophagoides microceras (House dust mite) d3
Dermatophagoides pteronyssinus (House dust mite) d1
Euroglyphus maynei (House dust mite) d74
Glycyphagus domesticus (Storage mite) d73
Lepidoglyphus destructor (Storage mite) d71
Tyrophagus putrescentiae (Storage mite) d72

ALLERGEN COMPONENTS

nDer p 1 House dust mite d202
rDer p 2 House dust mite d203
rDer p 10 Tropomyosin, House dust mite d205

HOUSE DUST

Greer Labs., Inc. h1
Hollister-Stier Labs. h2

INSECTS

Berlin beetle i76
Blood worm i73
Cockroach, American i206
Cockroach, German i6
Cockroach, Oriental i207
Fire ant i70
Grain weevil i202
Green nimitti i72
Horse fly i204
Mediterranean flour moth i203
Mosquito i71
Moth i8

VENOMS

Bumblebee i205
Common wasp (Yellow jacket i3
European Paper Wasp i77
European hornet i75
Honey bee i1
Paper wasp i4
White-faced hornet i2
Yellow hornet i5

DRUGS

Amoxicilloyl c6
Ampicilloyl c5
Cefaclor c7
Chlorhexidine c8
Gelatin bovine c74
Insulin human c73
Penicilloyl G c1
Penicilloyl V c2
Pholcodine c261
Morphine c260
Suxamethonium (succinylcholine) c202

Allergy

OCCUPATIONAL
Bougainvillea k214
Cotton seed k83
Ethylene oxide k78
Ficus k81
Formaldehyde/Formalin k80
Green coffee bean k70
Hexahydrophtalic anhydrid k209
Isocyanate HDI (Hexamethylene diisocyanate) k77
Isocyanate MDI (Diphenylmethane diisocyanate) k76
Isocyanate TDI (Toluene diisocyanate) k75
Ispaghula k72
Latex k82
Methyltetrahydrophtalic anhydrid k211
Phthalic anhydride k79
Silk k74
Silk waste k73
Sunflower seed k84
Trimellitic anhydride, TMA k86

PARASITES
Anisakis p4
Ascaris p1
Echinococcus p2

MISCELLANEOUS
Cotton, crude fibers o1
Mealworm o211
MUXF3 CCD, Bromelain o214
Seminal fluid o70
Streptavidin o212

FOODS – FRUITS & VEGETABLES
Apple f49
Apricot f237
Asparagus f261
Aubergine, eggplant f262
Avocado f96
Bamboo shoot f51
Banana f92
Beetroot f319
Blackberry f211
Blueberry f288
Broccoli f260
Brussel sprouts f217
Cabbage f216
Carrot f31
Cauliflower f291
Celery f85
Cherry f242
Cucumber f244
Date f289
Fennel, fresh f276
Fig f328
Garlic f47
Grape f259
Grapefruit f209
Guava f292
Jack fruit f318
Jujube f336
Kiwi f84
Lemon f208
Lettuce f215
Lime f306
Mandarin (tangerine, clementine, satsumas) f302
Mango f91
Melon f87
Olive (black, fresh) f342
Onion f48
Orange f33
Papaya f293
Passion fruit f294
Peach f95
Pear f94
Persimon (kaki fruit, sharon) f301
Pineapple f210
Plum f255
Potato f35
Pumpkin f225
Raspberry f343
Red currant f322
Spinach f214
Strawberry f44
Sweet potato f54
Tomato f25
Watermelon f329

FOODS – SEED, LEGUMES & NUTS
Almond f20
Barley f6
Blue vetch f310
Brazil nut f18
Buckwheat f11
Cashew nut f202
Chick pea f309
Coconut f36
Common millet f55
Fenugreek f305
Foxtail millet f56
Gluten f79
Green bean f315
Hazel nut f17
Lentil f235
Lima bean f182
Linseed f333
Lupin seed f335
Macadamia nut f345
Maize, Corn f8
Oat f7
Pea f12
Peanut f13
Pecan nut f201
Pine nut, pignoles f253
Pistachio f203
Poppy seed f224
Pumpkin seed f226
Quinoa f347
Rape seed f316
Red kidney bean f287
Rice f9
Rye f5
Sesame seed f10
Soybean f14
Spelt wheat f124
Sugar-beet seed f227
Sweet chestnut f299
Walnut f256
Wheat f4
White bean f15

FOODS – SPICES
Allspice f339
Anise f271
Basil f269
Bay leaf f278
Black pepper f280
Caraway f265
Cardamon f267
Chilipepper f279
Clove f268
Coriander f317
Curry (Santa Maria) f281
Dill f277
Ginger f270

Allergy

Green pepper (unripe seed) f263
Lovage f275
Mace f266
Marjoram f274
Mint f332
Mustard f89
Oregano f283
Paprika, Sweet pepper f218
Parsley f86
Tarragon f272
Thyme f273
Vanilla f234

FOODS – FISH, SHELLFISH & MOLLUSCS
Abalone f346
Anchovy f313
Blue mussel f37
Cat fish f369
Chub mackerel f50
Clam f207
Crab f23
Crayfish f320
Eel f264
Fish (cod) f3
Grouper f410
Gulf flounder f147
Haddock f42
Hake f307
Halibut f303
Herring f205
Jack mackerel, Scad f60
Langust (spiny lobster) f304
Lobster f80
Mackerel f206
Megrim f311
Octopus f59
Orange roughy f412
Oyster f290
Pacific squid f58
Plaice f254
Pollock f413
Red snapper f381
Salmon f41
Sardine (Pilchard) f308
Sardine, Japanese Pilchard f61
Scallop f338
Shrimp f24
Snail f314
Sole f337
Squid f258
Swordfish f312
Tilapia f414
Trout f204
Tuna f40
Walleye pike f415
Whitefish (Inconnu) f384

FOODS – EGG & FOWL
Chicken f83
Egg f245
Egg white f1
Egg yolk f75
Turkey meat f284

FOODS – MEAT
Beef f27
Elk/moose meat f285
Mutton f88
Pork f26
Rabbit f213

FOODS – MILK
Cheese, cheddar type f81
Cheese, mold type f82
Cow's whey f236
Goat milk f300
Mare's milk f286
Milk f2
Milk, boiled f231
Sheep milk f325
Sheep whey f326

FOODS – ADDITIVES
Carob (E410) f296
Guar, guar gum (E412) f246
Gum arabic (E414) f297
Tragacanth (E413) f298
Cochineal extract
(Carmine red) (E120) f340

FOODS – MISCELLANEOUS
Cacao f93
Coffee f221
Honey f247
Hop (fruit cone) f324
Malt f90
Mushroom (champignon) f212
Tea f222
Yeast f45

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

COMPONENT TESTING

Using ImmunoCAP Allergen Components can help refine the understanding of sensitisation, by assessing a person's sensitisation pattern at the molecular level. When used in conjunction with traditional extract-based IgE testing, these provide information at the individual component level.

For more information, please contact the Immunology Department on 020 7025 7917.

TEST	CODE	SAMPLE REQS	TAT
Alpha Gal Components (related to red meat)	ZZ37	B	2 days
Alternaria Components	ZZ1	B	2 days
Apple Components	ZZ36	B	2 days
Aspergillus Components	ZZ2	B	2 days
Birch Components	ZZ3	B	2 days
Brazil Components	ZZ4	B	2 days
Cashew Components	ZZ35	B	2 days
Cat Components	ZZ5	B	2 days
Celery Components	ZZ6	B	2 days
Cow's Milk Components	ZZ7	B	2 days
Dog Components	ZZ8	B	2 days
Egg Components	ZZ9	B	2 days
Fish Components	ZZ10	B	2 days
Hazelnut Components	ZZ11	B	2 days
House Dust Mite Components	ZZ12	B	2 days
Kiwi Components	ZZ32	B	2 days
Latex Components	ZZ13	B	2 days
Olive Components	ZZ14	B	2 days
Peach Components	ZZ15	B	2 days
Peanut Components	ZZ16	B	2 days
Shrimp Components	ZZ17	B	2 days
Soybean Components	ZZ18	B	2 days
Timothy Grass Components	ZZ19	B	2 days
Venom Components	ZZ33	B	2 days
Wall Pellitory Components	ZZ20	B	2 days
Walnut Components	ZZ34	B	2 days
Wheat Components	ZZ21	B	2 days
PR-10 Proteins	ZZ22	B	2 days
Lipid Transfer Proteins	ZZ23	B	2 days
Profilins	ZZ24	B	2 days
Polcalcins	ZZ25	B	2 days
Seed Storage Proteins	ZZ26	B	2 days
Glycan Determinants	ZZ27	B	2 days
Lipocalins	ZZ28	B	2 days
Parvalbumins	ZZ29	B	2 days
Serum Albumins	ZZ30	B	2 days
Tropomyosins	ZZ31	B	2 days

*** Please quote the ZZ Code when requesting Allergen Component Profiles.**

Specialist drug allergy testing

Drug allergy testing requires a specialist testing facility, and this new service is being undertaken by RefLab ApS, Copenhagen, Denmark (ISO 17025 accredited).

The drug induced basophil activation test (BaHRT) is based on allergen induced histamine release from patients own cells. Each drug is tested in titration and in 12 concentrations, with results expressed as a threshold value (mg/mL or µg/mL or ng/mL) of the drug, indicating the level of sensitivity. A healthy control is always included as reference for non-specific release. With positive detection at 70%[1], a POSITIVE test result will confirm sensitization. A negative result does not exclude possible drug allergy. **A drug allergy challenge test in a specialised allergy centre is indicated for EACH negative drug allergy results to achieve a definitive diagnosis.**

Please contact Referrals Department for drug availability – in most cases it will be possible to carry out testing, as drug availability is increasing and specialty drugs can be tested upon request. The drug itself can be sent with the sample to RefLab in Denmark.

Samples must be taken on Mondays, Tuesdays and Wednesday and received by noon in the laboratory for same day referral to Denmark.

For more information please contact the laboratory.

1 Fernando Pineda, Adriana Arisa, Cristobalina Mayorga, Francisca Arribas, Rosaria González-Mendiola, Natalia Blanca-López, Galicia Davila, Nieves Cabañes, Gabriale Canto, José Julio Laguna, Carlos Senent, Per Stahl-Skov, Ricardo Palacios, Miguel Blanca, María José Torres. Role of Histamine Release Test for the Evaluation of Patients with Immediate Hypersensitivity Reactions to Clavulanic Acid. Int Arch Allergy Immunol 2015; 168:233-240.

TEST	CODE	SAMPLE REQS	TAT
Penicillin Antibiotic Panel (BaHRT)	RDP2	HH	3 days
Perioperative Anaphylaxis Panel (BaHRT)	RDP1	HH	3 days
Single drug – please specify drug	RSD	HH	3 days

Samples must be taken on Mondays, Tuesdays and Wednesday and received by noon same day in the laboratory

PERIOPERATIVE ANAPHYLAXIS PANEL

Atracurim
Metoclopramide
Mivacurim
Morphine
Ondansetron
Pancuronium
Propofol
Remifentanil
Rocuronium
Suxamethonium
Vecuronium

TAT 3 DAYS

RDP1

HH

Samples must be taken on Mondays, Tuesdays and Wednesday and received by noon in the laboratory

PENICILLIN ANTIBIOTIC PANEL

Amoxicillin
Amoxicillin/Clavulanic acid
Benzylpenicillin
Cefuroxime
Clavulanic acid
Phenoxymethylpenicillinkalium

TAT 3 DAYS

RDP2

HH

Samples must be taken on Mondays, Tuesdays and Wednesday and received by noon in the laboratory

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Vitamins, Nutrition and Lifestyle

VITAMIN B PROFILE

Vitamin B1
Vitamin B2
Vitamin B3
Vitamin B6
Vitamin B9 (red cell)
Vitamin B12 (Active)

TAT 5 DAYS

VBP

A A B

VITAMIN PROFILE 1

Vitamin A
Beta Carotene
Vitamin B1
Vitamin B2
Vitamin B6
Vitamin C
Vitamin E

TAT 5 DAYS

VITS

A B B[7]

MINERAL SCREEN

Calcium
Magnesium
Zinc
Iron
Copper
Chromium
Manganese

TAT 5 DAYS

MINE

B K

SPORTS/PERFORMANCE PROFILE

FBC/ESR
Biochemistry Profile
HDL/LDL
Ferritin
C-Reactive Protein
Omega 3/Omega 6
Total Antioxidant Status
Mineral Screen
Vitamin B9 (Red Cell Folate)
Vitamin B12 (Active)

TAT 5 DAYS

SPOR

A A A B B B B G K[4]

VITAMIN PROFILE 2

Vitamin A
Beta Carotene
Vitamin B1
Vitamin B2
Vitamin B3
Vitamin B6
Vitamin B9 (Red Cell Folate)
Vitamin B12 (Active)
Vitamin C
Vitamin D (25-OH)
Vitamin E

TAT 5 DAYS

VIT2

A A A B B[7,13]

MINERAL SCREEN – WHOLE BLOOD

Whole Blood Potassium
Whole Blood Magnesium
Whole Blood Calcium
Whole Blood Manganese
Whole Blood Zinc
Whole Blood Copper
Whole Blood Selenium
Whole Blood Chromium

TAT 5 DAYS

RMIN

H H

Patients taking supplements may be advised to stop medication prior to testing.

Vitamins, Nutrition and Lifestyle

TEST	CODE	SAMPLE REQS	TAT
Ceruloplasmin	CERU	B	1 day
Copper (Serum)	COPP	B	5 days
Essential Fatty Acid Profile (Red Cell)	EFAR	A[4]	10 days
Folate (Red Cell)	RBCF	A	2 days
Glutathione (Red Cell)	GLUR	H[5]	5 days
Glutathione Peroxidase	GLPX	H	5 days
Hair Mineral Analysis	HMA	**2g (2 tbsp) of hair close to scalp**	10 days
Kryptopyrroles (Urine)	KRYP	**RU**[6]	10 days
Lutein	LUTE	B[13]	2 weeks
Lycopene	LYCO	B	2 weeks
Magnesium (Whole blood)	RCMG	A or H	4 days
Mineral Screen	MINE	B K	5 days
Mineral Screen (Whole blood)	RMIN	H H	5 days
Mineral Screen and Industrial Heavy Metal Screen (Trace Metals)	TRAC	A B H K	7-10 days
Omega 3/Omega 6 (see page 141)	OMG3	A[4]	4 days
Selenium (Whole Blood)	SELR	A or H	4 days
Selenium (Serum)	SELE	B	4 days
Sports/Performance Profile	SPOR	A A A B B B B G K[4]	5 days
Xylose Tolerance Test	XTT	**J**[1]	7 days
Zinc (Whole Blood)	RBCZ	A or H	5 days
Zinc (Serum/Plasma)	ZINC	K	1 day
Zinc (Urine)	URZN	**CU**	5 days

This provides valuable diagnostic information, which can be assimilated with other diagnostic markers in the assessment of nutritional status, and compares favourably to semi-quantitative functional assays. For fertility and lifestyle refer to page 52.

TEST	CODE	SAMPLE REQS	TAT
1,25 Vitamin D	D3	B	5-8 days
Beta Carotene	CARO	B	5 days
Biotin	BIOS	B	1 week
Carotenes	CARO	B[13]	5 days
Vitamin A (Retinol)	VITA	B	5 days
Vitamin B (Functional)	FUNC	A A or H[13]	5 days
Vitamin B Profile	VBP	A A B	5 days
Vitamin B1 (Thiamine)	VIT1	A	5 days
Vitamin B12 (Active)	B12	B	1 day
Vitamin B12 (Active)/ Red Cell Folate	B12F	A B	2 days
Vitamin B2 (Riboflavin)	VIB2	A	5 days
Vitamin B3 (Nicotinamide)	VIB3	B	5 days
Vitamin B5 (Pantothenic Acid)	VB5S	B	5 days
Vitamin B6 (Pyridoxine)	VITB	A	5 days
Vitamin B8 (Biotin)	BIOS	B	5 days

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Vitamins, Nutrition and Lifestyle

TEST	CODE	SAMPLE REQS	TAT
Vitamin B9 (Folic acid) – Red cell	RBCF	A	2 days
Vitamin B9 (Folic acid) – Serum	FOLA	B	1 day
Vitamin C (Active)	VITC	B (Frozen)[7]	5 days
Vitamin D (1, 25 Dihydroxy)	D3	B	5-8 days
Vitamin D (25-OH)	VITD	B	4 hours
Vitamin E (Alpha Tocopherol)	VITE	B	5 days
Vitamin K (Nutritional)	VKN	B[13]	5 days
Vitamin Profile 1	VITS	A B B[7]	5 days
Vitamin Profile 2	VIT2	A A A B B[7,13]	5 days

Omega3/6

Essential Red Cell Fatty Acids Omega-3/Omega-6

Omega-3 is the name given to a family of polyunsaturated fatty acids, which the body needs but cannot manufacture itself. Omega-3 fats are used as the building blocks for fat derived hormones such as prostaglandins and leukotrienes. The hormones with an Omega-3 base tend to reduce inflammation, while those that have an Omega-6 base increase inflammation. In the cell membrane the competition between these two essential fats has a direct bearing on the type of local hormone produced and the level of inflammation in the cell.

The Omega-6 to Omega-3 ratio in the cell membranes is key to the development of inflammatory disorders such as rheumatoid arthritis and heart disease. Diets low in oily fish and high in grains will promote inflammation and affect good health. The ratio of Omega-6 to Omega-3 in the West is around 15 to 1, fifteen times more Omega-6 on the cell membrane promoting inflammation. Having twice as much Omega-6 is considered by most experts to be the optimal amount but a ratio of 2:1 is not easy to produce by diet alone. Many people are aware of the health benefits of Omega-3 but the supplementation to achieve optimal health is erratic. Being able to test for Essential Red Cell Fatty Acids (Omega-6/Omega-3 ratio) identifies a person's current status and is sufficiently specific to allow an accurate supplementation recommendation to be made.

Results show the Omega Ratio with a clear recommendation for the required level of Omega Supplementation (if any) to achieve optimal levels.

Results show the ratio of Omega 3 to Omega 6, against an optimal ratio and provide a supplementation recommendation to achieve this optimal ratio.

TEST	CODE	SAMPLE REQS	TAT
Omega 3/Omega 6	OMG3	A[4]	4 days

TDL Tinies™ & Self-collection samples

TDL TINIES™ (tinies@tdlpathology.com)

This list of tests covers some of the range that can be offered to patients for self-collection, using TDL TINIES™ and Royal Mail postal packs. Orders for TDL TINIES™ (packs with instructions) can be made up by TDL, by arrangement, and sent individually to patients, or supplied directly to doctors or healthcare companies. This is not a patient self-referral service and it is not point of care testing. All testing is undertaken in the laboratory and results are always returned directly to the healthcare company or doctor, **not to the patient**.

TDL TINY™ samples can be combined with other self-collected samples types (urine, stool, swabs, HPV).

In the case of positive Sexual Health, results will be reported with the recommendation for a venous sample to undertake confirmatory sample.

The sample volume from one TINY sample, when filled to the upper fill line, is **600 microlitres**. These, on receipt in the laboratory, are centrifuged and provide a volume of 300 microlitres of serum/plasma (depending on the tube type used). Different tests require varying amounts of sample, and this, together with analyser dead volumes, means that although certain tests can be carried out from TINY tubes, many tests simply cannot be achieved from these smaller sample volumes.

TDL TINY™ microtainers are manufactured by BD Diagnostics. They are designed for samples collection from skin puncture. BD Microtainers come with a variety of additives for various tests, have visible fill lines, and are colour coded as for standard BD Vacutainer tubes. Tubes and Lancets are CE marked. TDL TINY™ packs are made up by TDL and contain everything needed for a patient to self-collect their blood sample.

Recommendation: most people are not experienced at self-collection of their own blood. Whilst it is certainly possible to do a number of tests from one TINY and it is possible to collect for two or three microtainers – the most successful outcomes are collected by patients who read the instructions given in each pack, and who collect enough sample for one microtainer. Instructions for sample collection are enclosed in each pack. A completed **request form** must be enclosed with the returned sample. Results will always be sent to the requesting doctor /healthcare organisation.

There is a TDL TINY™ video to assist patients with sample collection.

Visit http://www.tdlpathology.com/test-information/test-service-updates/tdl-tinies

This can be personalised with logo and details.

For information and packs, please contact Annette Wilkinson 020 7307 7343 or email tinies@tdlpathology.com.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

TDL Tinies™ & Self-collection samples

Tests that can be self-collected using TDL TINIES™

HAEMATOLOGY

TEST	CODE	SAMPLE REQS
Full Blood Count	FBC	A
HbA1c	GHB	A

BIOCHEMISTRY

TEST	CODE	SAMPLE REQS
Amylase	AMY	B
Calcium	CA	B
Calcium + Vitamin D	CALD	B
Carbohydrate Deficient Transferrin	CDT	B
C Reactive Protein	CRP	B
C Reactive Protein (High Sensitivity)	HCRP	B
Ferritin	FERR	B
HbA1c	GHB	A
Iron Status Profile (FE/TIBC/FERR)	ISP	B
Liver Function Tests	LFT	B
Lipid Profile	LIPP	B
Lp-PLA2 (PLAC) Test	PLA2	B
Uric Acid	UA	B
Vitamin B12 (Active)	B12	B
Vitamin D (25-OH)	VITD	B

ENDOCRINOLOGY

TEST	CODE	SAMPLE REQS
AFP	AFP	B
Antimullerian Hormone	AMH	B
Beta HCG (Quantitative)	QHCG	B
Cortisol	CORT	B
DHEA Sulphate	DHEA	B
Female Hormone (LH/FSH/PROL/OEST)	FIP	B
FSH	FSH	B
HRT Profile 1 (FSH/OEST/PROG)	HRT	B
Oestradiol	OEST	B
Progesterone	PROG	B
Prolactin	PROL	B
SHBG	SHBG	B
Testosterone	TEST	B
Thyroid Profile 1 (Free T4/TSH)	TF	B
Thyroid Profile 3 (Free T3/Free T4/TSH)	TF3	B

Key: See page 19 for sample taking and special handling instructions.

TDL Tinies™ & Self-collection samples

IMMUNOLOGY

TEST	CODE	SAMPLE REQS
Borrelia Antibodies (IgG/IgM)	BORR	B
Borrelia Antibodies (IgM)	BORM	B
Endomysial Antibodies IgA	AEAB	B
Gliadin Antibodies (IgG)	AGAB	B
H. pylori Antibodies (IgG)	HBPA	B
Tissue Transglutaminase IgA	TAA	B

VIROLOGY / SEXUAL HEALTH

TEST	CODE	SAMPLE REQS
Hepatitis B Surface Antigen	THBA	B
Hepatitis B Immunity (IgG)	THBI	B
Hepatitis C Antibodies	THCV	B
HIV1&2 Abs/p24 Ag	THIV	B
Syphilis IgG/IgM	TSYP	B

TUMOUR MARKERS

TEST	CODE	SAMPLE REQS
AFP	AFP	B
Beta HCG(Oncology)	HCGQ	B
CA 15-3	C153	B
CA 19-9	C199	B
CA 125	C125	B
CEA	CEA	B
HE4 + ROMA	HE4	B
Prostate Specific Antigen	PSPA	B

LIFESTYLE

TEST	CODE	SAMPLE REQS
Omega 3/Omega 6	OMG3	A
Vitamin B9 (Folic Acid) Red Cell	RBCF	A
Vitamin B9 (Folic Acid) Serum	FOLA	B
Vitamin B12 (Active)	B12	B
Vitamin D (25-OH)	VITD	B

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

TDL Tinies™ & Self-collection samples

STEP 1
TDL TINY™ SAMPLE COLLECTION

THE DOCTORS LABORATORY

Sample collection instructions
Please read these instructions first, slowly and carefully, the whole way through before attempting to collect your sample.

Clearly complete the Name Label using a ball point pen with:

• Your Surname • Your Date of Birth • Your First name • Date of Blood Collection

Do not affix the label to the blood collection tube until after collecting your sample. This is important as you will not be able to see how much blood you have collected if the label covers the sides of the tube. Sample self-collection is carried out at an individual's own risk.

Your sample collection pack contents: Step 1

Your name label

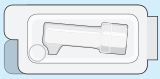
Moist wipe x 2

Alcotip swab x 1 (+1 spare)


Lancet x 1 (+2 spares)


Plaster

Security label


Protective packing wallet


Blood collection tube

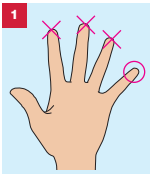
IMPORTANT!

The protective packing wallet has been designed to provide a stable way of holding the blood collection tube whilst a sample is taken. Please insert the tube as shown above.

IMPORTANT!

The BLUE lancet activates on contact when positioned and pressed against the skin. Lancets are for single use only.

1

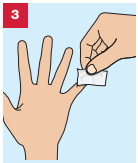


The best location for collecting finger prick samples are from the side of your little finger. Open the pack of lancets.

2

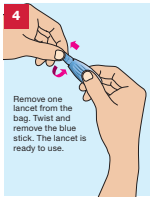
Wash your hands in warm soapy water. **It is much easier to collect your sample if hands are warm.** Dry them thoroughly with a clean, dry towel.

3



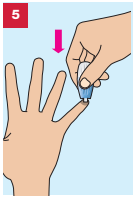
Using the Alcotip Swab clean the selected little finger. Wipe dry with a clean tissue. **Be sure your finger is completely dry as blood will not form a drop at the puncture site of a moist finger.**

4



Remove one lancet from the bag. Twist and remove the blue stick. The lancet is ready to use.

5



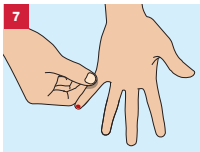
Position the lancet against the side of your little finger. The lancet will activate in one step only when positioned and pressed FIRMLY against the skin. Should you need to repeat the process to help obtain enough blood use one of the remaining lancets. **Stand up rather than sit down when collecting your blood drops**

6

This will puncture the skin and a small drop of blood will form.

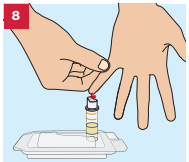
Wipe away the first drop of blood with a clean tissue.

7



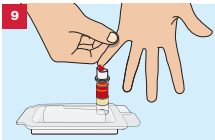
Holding your hand/arm downwards, firmly massage the side of your hand down to your little finger to encourage blood flow.

8



Take your little finger with the other hand and gently milk your hand and little finger to help the blood drop into the blood collection tube as shown.

9

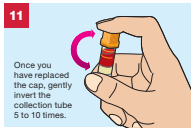


Fill the blood collection tube to the upper line on the side of the tube. NB: If you are unable to collect enough blood use the second lancet on your little finger on the other hand. Alternatively, try wiping the little finger you have been using with a dry tissue. Pause for 5-10 seconds and blood drops are likely to reform, and you can start collecting again.

10

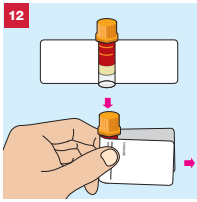
Once you have filed up to the TOP FILL LINE – or even just over – stop collecting and apply the supplied spot plaster to stop the bleeding. Then push on the cap of the blood collection tube (or tubes) securely until you hear an audible click to confirm closure.

11



Once you have replaced the cap, gently invert the collection tube 5 to 10 times.

12



Make sure your tube(s) is labelled with your details using the label supplied in your pack. **This is very important as unlabelled samples cannot be accepted.**

Affix the label by placing the tube in the middle of the label and wrapping the label around the tube, as shown below.

Place the collection tube in the protective packing wallet provided.

13

Place inside the Text Kit Box:

- **the protective packing wallet containing the blood collection tube(s)**
- **used lancet(s)**

Key: See page 19 for sample taking and special handling instructions.

TDL Tinies™ & Self-collection samples

Sample collection instructions

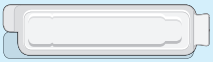
Please read these instructions first, slowly and carefully, the whole way through before attempting to collect your sample.

Clearly complete the Specimen bottle and Swab labels using a ball point pen with:
- **Patient Surname**
- **Patient First name**
- **Patient Date of Birth**

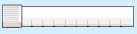
Sample self-collection is carried out at an individual's own risk.

Your sample collection pack contents: Steps 2-4

Self addressed, post paid mailer



Protective packing wallet



Urine Sample tube

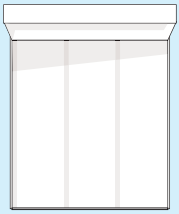
Swabs x 2

IMPORTANT!

A Sample label is supplied for each of the Urine, Throat and Rectal samples. **Please make sure the correct label is used for the correct sample type.**

Request Form x 1

Urine collection box



Test Kit Box

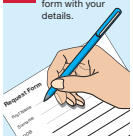
Sample labels x 3

STEP 2
URINE SAMPLE COLLECTION

1

Wash your hands.

2

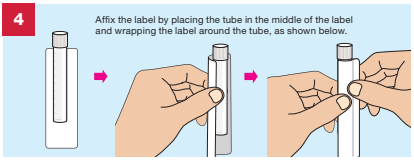


Complete the enclosed request form with your details.

3

Write your name, date of birth and date of sample on the label marked 'Urine'. **This is very important as unlabelled samples cannot be processed.**

4



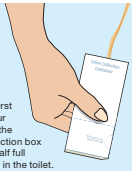
Affix the label by placing the tube in the middle of the label and wrapping the label around the tube, as shown below.

5

Squeeze the sides of the urine collection box to expand it.

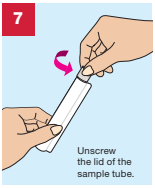
The box has a plastic lining inside to contain the urine. Please take care not to damage or puncture the lining.

6



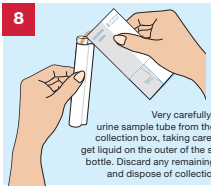
Pass the first part of your urine into the urine collection box until it is half full then finish in the toilet.

7



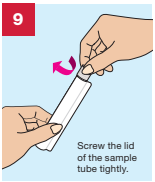
Unscrew the lid of the sample tube.

8



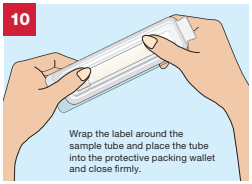
Very carefully fill the urine sample tube from the urine collection box, taking care not to get liquid on the outer of the sample bottle. Discard any remaining urine and dispose of collection box.

9



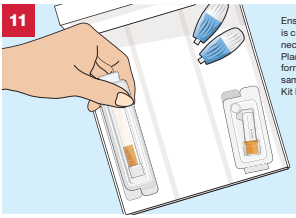
Screw the lid of the sample tube tightly.

10



Wrap the label around the sample tube and place the tube into the protective packing wallet and close firmly.

11



Ensure that the form is completed with all necessary details. Place the completed form and your urine sample into the Test Kit Box.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

TDL Tinies™ & Self-collection samples

STEP 3
THROAT SWAB SAMPLE COLLECTION

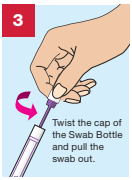
1

Wash your hands.

2

Open the packet containing the swab. Select the label marked 'Throat', write your name, date of birth and date sample collected on it and affix to the swab before collecting your sample.

3

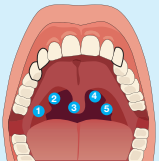


Twist the cap of the Swab Bottle and pull the swab out.

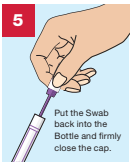
4

Make sure the swab makes good contact with the 5 key areas of the mouth:

1 Tonsil
2 Posterior wall
3 Uvula
4 Posterior wall
5 Tonsil

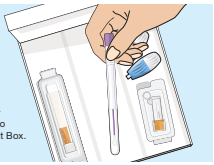


5



Put the Swab back into the Bottle and firmly close the cap.

6



Place your sample into the Test Kit Box.

STEP 4
RECTAL SWAB SAMPLE COLLECTION

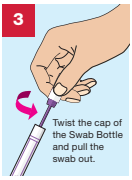
1

Wash your hands.

2

Open the packet containing the swab. Select the label marked 'Rectal', write your name, date of birth and date sample collected on it and affix to the swab before collecting your sample.

3

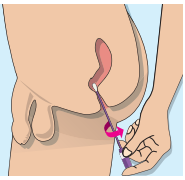


Twist the cap of the Swab Bottle and pull the swab out.

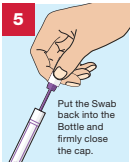
4

Holding the swab tightly, slowly insert the tip into your anus.

Twist the swab slightly as you slowly pull it out of your anus.



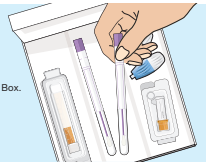
5



Put the Swab back into the Bottle and firmly close the cap.

6

Place your sample into the Test Kit Box.



7

Please run through the checklist on the left before returning samples.

Seal the Test Kit Box using the security sticker provided. Place the Test Kit Box into the grey self addressed post-paid mailer.

STEP 5
CHECKLIST

Before you return your samples please tick off the contents of the grey self addressed post-paid mailer.

- ☐ **Completed Request form**
- ☐ **Blood collection tube(s) in the protective packing wallet**
- ☐ **Used lancets**
- ☐ **Urine sample in the outer transport bottle**
- ☐ **Throat swab in the swab bottle**
- ☐ **Rectal swab in its swab bottle**
- ☐ **Place all of the samples into the Test Kit Box and seal with the security sticker**

You are now ready to seal the grey self addressed post-paid mailer.

Please post your samples to **The Doctors Laboratory** as soon as possible from **ANY** Royal Mail post box in the UK. No stamp is required within the UK.

If you need assistance please contact The Doctors Laboratory on 020 7307 7373 or email samples@tdlpathology.com.

The Doctors Laboratory, The Halo Building, 1 Mabledon Place, London WC1H 9AX
Tel: 020 7307 7373 Fax: 020 7307 7374 E-mail: tdl@tdlpathology.com
Website: www.tdlpathology.com

 TAP2600C/13-05-19/V2

Key: See page 19 for sample taking and special handling instructions.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Screening for Drugs of Abuse/Alcohol

TEST	CODE	SAMPLE REQS	TAT
Alcohol Profile	AP	A B B G	5-7 days
Alcohol Profile 2	ALCP	A A B B G **RU**	5-7 days
Amphetamines – Blood	AMPB	B B	5 days
Cannabinoids (Urine) Screen	CANN	**RU**	1 day
Cocaine (Urine) Screen	UCOC	**RU**	1 day
Drugs of Abuse From Blood	DOAP	B	5 days
Drugs of Abuse Profile – Random Urine Sample/No Chain of Custody Plus Alcohol	DOA3	**RU**	2 days (5 days with LCMS confirmation)
Drugs of Abuse Profile – Random Urine Sample/ No Chain of Custody	DOA	**RU**	2 days (5 days with LCMS confirmation)
Drugs of Abuse Profile – With Chain of Custody	DOAL	**RU/CoC Collection Containers**[1,2]	2 days (5 days with LCMS confirmation)
Drugs of Abuse Profile – Without Chain of Custody	DOAN	**RU**[2]	2 days (5 days with LCMS confirmation)
Ketamine Screen	KETA	**RU**	7-10 days
LSD	LSD	**RU**	5 days
Opiate Screen (Urine)	UOPI	**RU**	2 days
PEth (Phosphatidylethanol)	PETH	A[38]	5-7 days
Urine EtG (Ethyl glucuronide)	ETG	**RU**	1 week

Chain of custody refers to the system of controls governing the entire urine collection, processing and storage of sample to ensure that a particular urine specimen originated from a particular individual and that the reported results relate, beyond doubt, to that specimen. Chain of custody requires attention to detail so that it is possible to prove that there has been no opportunity for the sample to be accidentally or maliciously adulterated. Sample collection should be undertaken by collectors who are well versed in the protocols of chain of custody.

Samples submitted for analysis will undergo initial screening. Urinary creatinine is routinely measured during testing to verify the validity of the sample submitted. Creatinine levels below normal occur when the urine has been diluted, either directly or by drinking large amounts of water before providing the urine sample. Chain of custody containers, forms, seals and barcodes are provided by TDL on request. All Chain of Custody, and non-chain, samples with positive findings will proceed to identification/confirmation by Gas Chromotography/Mass Spectrometry.

Screening for Drugs of Abuse/Alcohol

DRUGS OF ABUSE SCREENING

DRUGS OF ABUSE PROFILE – WITH CHAIN OF CUSTODY

Alcohol
Amphetamines
Barbiturates
Benzodiazepine
Cannabinoids
Cocaine
Codeine – opiate
Dihydrocodeine – opiate
Ephedrine
Ketamine
LSD
MDMA
Methadone
Metanepharines
Methaqualone
Morphine – opiate
Phencyclidine
Propoxyphene

TAT 2 DAYS | TAT 5 DAYS WITH LCMS CONFIRMATION

DOAL

RU/CoC collection containers [1,2] * See page 149

DRUGS OF ABUSE PROFILE – RANDOM URINE SAMPLE/NO CHAIN OF CUSTODY

Amphetamines
Barbiturates
Benzodiazepine
Cannabinoids
Cocaine
Codeine – opiate
Dihydrocodeine – opiate
Ephedrine
MDMA
Methadone
Metanepharines
Morphine – opiate

TAT 2 DAYS | TAT 5 DAYS WITH LCMS CONFIRMATION

DOA

plus Alcohol
DOA3

RU

DRUGS OF ABUSE PROFILE – WITHOUT CHAIN OF CUSTODY

As above but with NO Chain of Custody

TAT 2 DAYS | TAT 5 DAYS WITH LCMS CONFIRMATION

DOAN

RU [2]

DRUGS OF ABUSE FROM BLOOD – WITHOUT CHAIN OF CUSTODY

Amphetamines
Barbiturates
Tricyclic Antidepressants
Benzodiazepine
Cannabinoids
Opiates
Cocaine

TAT 5 DAYS

DOAP

B

ALCOHOL PROFILE

LFT
CDT
PEth
Alcohol Level
MCV

TAT 5-7 DAYS

AP

A B B G

ALCOHOL PROFILE 2

LFT
CDT
PEth
Urine Ethyl Gluconaride (EtG)
Alcohol Level
MCV

TAT 5-7 DAYS

ALCP

A A B B G RU

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Occupational health

OCCUPATIONAL HEALTH – TRACE METALS IN BLOOD

TEST	CODE	SAMPLE REQS	TAT
Aluminium	ALUM	K	7 days
Arsenic	ARS	A or H	5 days
Cadmium	CADM	A or H	5 days
Chromium	CHRO	A	5 days
Cobalt (Serum)	COBB	B	5 days
Copper (Serum)	COPP	B	5 days
Lead	LEAD	A	5 days
Lead Profile (Hb, ZPP, Lead)	LEAZ	A[13]	3-5 days
Magnesium (Serum)	MG	B	4 hours
Manganese (Serum)	MANG	B	5 days
Mercury	MERC	A or H	5 days
Nickel	NICK	B	5 days
Silver	SILV	B	5 days
Trace Metal (Blood) Profile	TRAC	A B H K	7-10 days
Zinc (Serum/Plasma)	ZINC	K	1 day

TRACE METAL (BLOOD) PROFILE

Aluminium
Manganese
Iron
Calcium
Zinc
Magnesium
Copper
Cadmium
Mercury
Lead
Chromium

TAT 7-10 DAYS

TRAC

A B H K

Occupational health

OCCUPATIONAL HEALTH – TRACE METALS IN URINE

TEST	CODE	SAMPLE REQS	TAT
Aluminium (Urine)	ALUU	**RU**	1-2 weeks
Arsenic	ARSE	**RU**[30]	5 days
Cadmium	URCD	**RU**[30]	5 days
Chromium	URCR	**RU**[30]	10 days
Cobalt	COBA	**RU**[30]	5 days
Copper	URCU	**CU**	5 days
Lead	URPB	**RU**	5 days
Magnesium	URMG	**PU**	1 day
Mercury	URHG	**RU**[1]	5 days
Nickel	NICU	**RU**	5 days
Silver	USIL	**RU**	5 days
Zinc	URZN	**CU**	5 days

OCCUPATIONAL HEALTH – TESTS FOR SPECIFIC EXPOSURE

TEST	CODE	SAMPLE REQS	TAT
2-Butanone GC	BUTA	**RU**	7 days
2-Furoic Acid	2FA	**RU**	10 days
Acetone – Blood	ACTB	A or H	2 weeks
Acetone – Urine	ACTU	**RU**	5 days
Alcohol Profile	AP	A B B G	5-7 days
Alcohol Profile 2	ALCP	A A B B G **RU**	5-7 days
Benzene	BENZ	**J**[1,6]	3 days
Beta 2 Microglobulin (Serum)	B2MG	B	2 days
Beta 2 Microglobulin (Urine)	UB2M	**RU**	3 days
Bromide	BROM	B	3 days
Cholinesterase (Blood)	CHRC	H	5 days
Cholinesterase (Serum/Pseudo)	CHPS	B	4 hours
Cotinine (Saliva)	SCOT	**Saliva Kit**[1]	2 days
Doxepin Level (Sinequan)	DOXE	A	10 days
Isocyanates – Urine	ISOC	**J**[6]	3 weeks
MBOCA in Urine	MBOC	**RU**	10 days
Molybdenum (Serum)	MOLY	B	5 days
Pethidine – Urine	UPET	**RU**	4 weeks
Thallium (Blood)	THAL	A / H	1 week
Thallium (Urine)	URTH	**RU**	1 week
Toluene (Blood)	TOL	**J**	10 days
Toluene (Urine)	UTOL	**RU**	10 days
Trichloracetic Acid (Urine)	UTCA	**RU**	5 days
Xanthine – Blood	XANB	A	2 weeks
Xylene – Urine	UXYL	**RU**[30]	2 weeks
Zinc Protoporphyrin	ZNPR	A[13]	5 days

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Cervical Screening

The Cytology Laboratory provides a rapid service for liquid based cervical samples. Urine cytology is performed in house while other non-gynaecological cytology samples are referred to a UKAS accredited laboratory for reporting.

Human papilloma virus (HPV), Chlamydia and Gonorrhoea testing is carried out routinely from ThinPrep vials and can be requested at the time the cervical sample is taken.

Laboratory hours

The laboratory department is open between 9.00am and 6.00pm.
Out of hours results available on 020 7307 7373.

Urgent samples

It is helpful if requests for urgent samples can be discussed with the Cytology Manager. Please telephone 020 7307 7323.

Use of service/Information required

Request forms must include **3 identifiers** (this can be patient's full name = 2, date of birth, hospital number or reference number) and need to accompany each sample.

Appropriate clinical information providing previous treatment/histological diagnosis is essential to ensure correct management recommendations can be given in the patient report. Tick boxes are provided to assist you.

The specimen container must be clearly labelled with patient details. Forms and samples which are mismatched will result in the sample being returned to the sender for correction and will delay the report turn around time.

Clinical advice

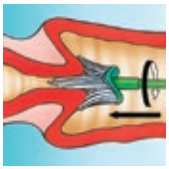
The Consultant Cytopathologists and the Advanced Practitioner work together to provide clinical and technical advice, including recommendations for follow-up, HPV testing and management of complex cases. To contact the department directly, please telephone 020 7307 7323.

Cervical Screening

RECORD…

…the patient's 3 identifiers to include date of birth on the vial.

…the patient information and medical history on the cytology requisition form.



OBTAIN…

…an adequate sample from the cervix using a Cervex Brush (broom-like device). Insert the central bristles of the brush into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently and rotate the brush in a clockwise direction five times.

RINSE…

…the Cervex Brush immediately into the PreservCyt Solution vial by pushing it into the bottom of the vial 10 times, forcing the bristles apart. As a final step, swirl the brush vigorously to further release material. Visually inspect the Cervex Brush to ensure that no material remains attached. Discard the brush.

Do not leave the head of the Cervex Brush in the vial. Check the vial is in date before use.

TIGHTEN…

…the cap so that the black torque line on the cap passes the black torque line on the vial. Do not over-tighten.

PLACE…

…the vial and request form in a specimen bag for transportation to TDL.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

ThinPrep® PAP Test Cervex Brush Protocol

PREPARE ALL EQUIPMENT BEFORE STARTING THE PROCEDURE

- Note expiry date on sample collection vial. Do not use expired vials.
- Ensure the entire plastic seal is removed from the lid of the vial and discarded.
- Complete patient details on both the request form and the vial. Specimens may be returned or discarded if details are missing from the vial.
- Remove the lid from the vial before taking the sample.
- **Use of lubricant is NOT recommended**.

DO

- If excessive mucus is present, this should be gently removed before sampling.
- Use either the Cervex Brush (broom-like device) on its own or a Plastic spatula and endocervical brush combination.
- The Cervex Brush should be rotated 5 times in a clockwise direction. The Plastic spatula should be rotated through 360 degrees and the endocervical brush rotated through one quarter to one half turn.
- Immediately rinse the collected material into the vial.
- Replace the lid and tighten so that the black torque line on the cap passes the black torque line on the vial to avoid leakage.
- Keep the unlabelled portion of the sample vial free of labels so that the contents can be seen.
- If barcoded labels are used these must be applied horizontally around the vial.
- Samples should be sent to the laboratory without delay.

DON'T

- DO NOT leave the head of the Cervex Brush in the vial.
- DO NOT routinely clean the cervix or take a cervical swab before taking a cervical sample.
- An endocervical brush should never be used in isolation.
- DO NOT under any circumstances use a wooden spatula.
- DO NOT leave the collection device sitting in the vial whilst dealing with the patient.
- DO NOT over-tighten the lid on the vial.
- DO NOT place multiple labels on the outside of the vial.
- DO NOT apply barcoded labels vertically on the vial.
- DO NOT use expired vials.
- DO NOT delay the sending of vials to the laboratory. The sample needs to be processed within 3 weeks of collection.
- DO NOT use excessive lubricant – please AVOID if possible.

Key: See page 19 for sample taking and special handling instructions.

Cervical Screening

Gynaecological Samples

The Cytology department processes cervical samples directly referred from all sectors of practice – Health Screening, Occupational Health, GP's, Consultants, Colposcopy Units, Clinics, Hospitals and other Laboratories.

Liquid Based Cytology (LBC) is processed using the Hologic ThinPrep system.
The Doctors Laboratory uses the Hologic Imaging system as an enhanced Quality Control.

Information for Sample Takers is available by contacting the department. **Important: the head of the cervical broom must NOT be left in the vial**. The use of lubricant interferes with LBC sampling and may result in an inadequate sample. Use of lubricant is NOT recommended as it can affect the processing quality of the sample. Supplies of Thin prep vials are available from TDL.

STI Screening from Hologic Thin Prep Vial (HPV – see page 158)

Tests are priced individually. Please request tests individually. Thin Prep Vials are kept for 21 days after receipt of sample. Requests for additional tests from the vial already received in the laboratory can be made by contacting the Cytology Department.

Infection by PCR (singles)

TEST	CODE	SAMPLE REQS	TAT
Chlamydia trachomatis	TPCR	**TPV**	2 days
N. gonorrhoea	TGON	**TPV**	2 days
Chlamydia/Gonorrhoea	TCG	**TPV**	5 days
Mycoplasma genitalium	MGEN	**TPV**	2 days
Ureaplasma urealyticum	UGEN	**TPV**	2 days
Trichomonas vaginalis	TVPC	**TPV**	2 days
Gardnerella vaginalis	GVPC	**TPV**	2 days
Herpes Simplex I/II	HERD	**TPV**	4 days

7 STI PROFILE BY PCR FROM THIN PREP VIAL

Chlamydia trachomatis
N. gonorrhoea
Mycoplasma genitalium
Macrolide Resistance Test (M.gen)*
Ureaplasma
Trichomonas vaginalis
Gardnerella vaginalis
Herpes Simplex I/II

All tests can be requested individually
**included if POSITIVE M.gen is detected from the same sample.*

TAT 2 DAYS

PP12

TPV

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Cervical Screening

Human papillomavirus (HPV) is a common virus transmitted through sexual contact. High Risk sub-types of HPV (HR-HPV) are linked to the development of abnormal cells and can cause cervical cancer. HPV is a necessary cause of invasive cervical cancer. Evidence shows HPV testing is a more effective way to identify women at risk of cervical cancer than by testing microscopically for abnormal cells from a PAP smear.

HR-HPV testing has been used in the UK since 2011 to identify women with low grade cytology abnormalities and as a follow up test of cure in women who have received treatment. In 2017 the UK NHSCSP recommended that **testing for HPV should replace cytology as the first (primary test) in cervical screening**. Primary HR-HPV testing has higher sensitivity for high grade CIN than primary cytology. HR-HPV testing also has a lower false negative rate than cytology. Primary HR-HPV testing will be fully implemented in the UK during 2019. Sample taking remains unchanged: HR-HPV testing is carried out from Thin Prep samples. Cytology will be undertaken as a triage if HPV is DETECTED.

WHAT DOES THIS CHANGE MEAN?

It means that HPV testing is the **FIRST LINE TEST**. It will be carried out as a single test, with a single result reported as DETECTED/NOT DETECTED.

- If HR-HPV is NEGATIVE (NOT DETECTED) – this means no further testing is needed for your patient: she returns to Routine Recall
- If HR-HPV is POSITIVE (DETECTED) – this means that **CYTOLOGY** will be processed from the same Thin Prep Vial. **A further specimen is not required**.
- **If the CYTOLOGY result from this sample is HR-HPV NOT DETECTED** – the patient Recall will be determined by the screening history and will either be a repeat HR-HPV test in 12 months' time or, if HR-HPV remains persistent, a referral to colposcopy.
- **If the CYTOLOGY result from this sample is ABNORMAL** the recommendation is to refer this patient for COLPOSCOPY.

https://www.gov.uk/government/publications/cervical-screening-primary-hpv-screening-implementation/cervical-screening-implementation-guide-for-primary-hpv-screening

Since 1st January 2019 all TDL requests for HPV have been processed as follows:

- **If HPV is requested as a single test, and the result is NEGATIVE/NOT DETECTED, cervical cytology (PAPT) will only be processed if specifically requested. The PAPT would be charged as an additional test.**
- **If HPV result is DETECTED, cervical cytology (PAPT) will be processed, even if not requested. The PAPT cervical sample will NOT be charged additionally.**
- **If cervical cytology (PAPT) is requested, HPV will always be processed with the PAPT. The PAPT will be charged.**

Cervical Screening

UNDERSTANDING THE SIGNIFICANCE OF HPV TESTING

The benefit of a negative HPV result is its negative predictive value – meaning that a negative HPV result indicates that a patient is at very low risk of developing cervical disease. The negative predictive value of both DNA and mRNA testing is the same. DNA tests detect presence of virus only. A mRNA test detects the presence of viral oncogenic expression.

Requests for Cervical Cytology (PAPT) only will no longer be processed without HPV. HPV testing will be charged.

Requests for PAPT

TEST	CODE	SAMPLE REQS	TAT
Cervical Cytology	PAPT will include HPV	**TPV**	2-3 days

If PAPT is requested as a single test, HR-HPV will be undertaken additionally, and a combined report will be issued. **PAPT and HPV will be charged**.

Requests for PAPT with selected HPV (HPV or HP20 or HPVT)

TEST	CODE	SAMPLE REQS	TAT
PAPT and HPV	PAPT + HPV	**TPV**	2-3 days

If PAPT and HPV are requested together, results will be given as a combined report, **PAPT and selected HPV test will be charged**.

Requests for HPV as the PRIMARY TEST will reflex to PAPT if HPV is DETECTED/POSITIVE. PAPT will NOT be charged.

TEST	CODE	SAMPLE REQS	TAT
HPV mRNA (All High Risk Subtypes)	HPV	**TPV**	2-3 days

If HPV is DETECTED/POSITIVE, cervical cytology (PAPT) will be processed **without charge**. The PAPT will be processed from the same vial.

Requests for HP20 as a single test

TEST	CODE	SAMPLE REQS	TAT
HPV Typed DNA	HP20	**TPV/PCR Swab**	2-3 days

HPV low and high risk DNA subtypes will be reported individually (5 low and 14 high risk).
If HPV is DETECTED/POSITIVE, cervical cytology (PAPT) will be processed **without charge**. The PAPT will be processed from the same vial.

Requests for HPVT as a single test

TEST	CODE	SAMPLE REQS	TAT
HPV Typed DNA	HPVT	**TPV**	3 days

If one or more of DNA types 16, 18, 31, 33, 45 are DETECTED/POSITIVE, reflex testing for expression of E6/E7 oncoproteins will be undertaken and cervical cytology (PAPT) will be processed **without charge**. The PAPT will be processed from the same vial.

HPV/PAPT Combined Report

Where HPV result is reported with Cervical Cytology, a recommendation for patient management will be given, based on the combined findings.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Self-collection HPV samples

TDL Self-Collection HPV Test 2020

Human Papillomavirus (HPV) is the primary cause of nearly all cervical cancer. In most cases, the HPV virus is harmless and causes no symptoms. Most women who acquire HPV are able to clear the infection through their own immune systems. Persistent presence of high-risk types of HPV can cause cervical lesions which over time may develop into cancer if untreated. Testing for HPV determines the presence, or absence, of HPV and will determine whether the HPV type present is high risk for CIN and cervical cancer.

The **Self Collection HPV Test** provides women with the option to self-collect a vaginal specimen that is then sent to the laboratory for testing. There is well documented high level of concordance between the HPV DNA results from self-collected and clinician-collected specimens.

The **Self-Collection HPV Test** is validated, using a CE marked sample collection device for vaginal cell collection. This sample is then sent to the laboratory for processing for 14 high risk HPV DNA subtypes. A negative result means that these high-risk subtypes HPV were not detected and the patient is at extremely low risk of developing high-grade cervical disease/CIN2+ before their next routine visit.

A positive HPV result might indicate an increased risk of developing CIN/cervical cancer, and the report from the laboratory will provide a clear recommendation for follow-up/colposcopy.

The value of HPV DNA testing in cervical cancer screening and disease detection has been proven over and over again. Self-collection of specimens for HPV testing is not intended to replace existing patient management pathways but allows for:

- Those who wish to test following a change of sexual partner
- Option for identifying individual high risk DNA subtypes
- Personal preference to self-collect vaginal samples
- An acceptable option for women who avoid having regular cervical smears
- Self-collection for HPV increases acceptability and coverage rate of cervical cancer prevention

Results will always be sent to the requesting clinician, clinic or healthcare organisation.

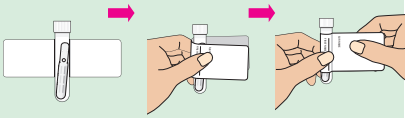
HPVY	Self-Collected HPV DNA with reporting of the other high risk subtypes (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68).
HPVZ	Self-Collected HPV DNA with **individual** reporting of all subtypes 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68.

For more information, or to order Self-Collection HPV Test Packs, please contact Annette Wilkinson on 020 7307 7373 or annette.wilkinson@tdlpathology.com

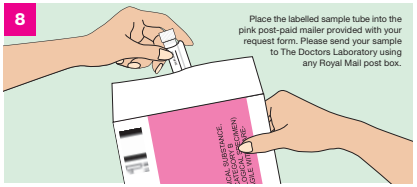
Self-collection HPV samples

7 Make sure your sample is labelled with your details using the label supplied in your pack. This is very important as unlabelled samples cannot be processed.

Affix the label by placing the sample tube in the middle of the label and wrapping the label around the shaft as shown below.



8 Place the labelled sample tube into the pink post-paid mailer provided with your request form. Please send your sample to The Doctors Laboratory using any Royal Mail post box.



The Doctors Laboratory
The Halo Building, 1 Mabledon Place, London WC1H 9AX
Tel: 020 7307 7373 Fax: 020 7307 7374 E-mail: tdl@tdlpathology.com
Website: www.tdlpathology.com

TAP2660/16-05-15/V4

THE DOCTORS LABORATORY

SELF-COLLECTION HPV SAMPLE

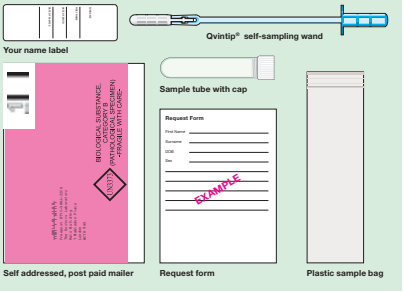
Sample Collection Instructions

Please read these instructions the whole way through before attempting to collect your sample.

Clearly complete the Name Label using a ball point pen with:

- **Your surname**
- **Your first name**
- **Your date of birth**
- **Date of sample collection**

Your sample collection pack contents



Self-sampling step-by-step

Before use, check that the product is intact (blue and white self-sampling wand, sample tube with cap, pink post-paid mailer). The self-sampling wand should be handled with care and only according to these instructions. Hold the wand straight when taking it in and out of your vagina. You can take your test in a standing or lying position. Don't collect a sample during your period. Sampling can be carried out during the first three months of pregnancy.

General Information

An infection with human papilloma virus (HPV) could potentially lead to cervical cancer. Your sample will be tested for prevalence of high-risk HPV. Your request will be handled confidentially. The results of the analysis will be posted to you.

Negative results

If the results are negative and the test shows no high-risk HPV, it means there is currently very little risk of cervical cancer. Please note that you might be infected at a later stage. HPV is sexually transmitted.

Positive results

If the results are positive, it means you have an infection with high risk subtypes. Please contact your gynaecologist for follow-up counselling. Women with persistent infection run an increased risk of cell changes which may lead to cervical cancer. Detecting an infection at an early stage allows for treatment.

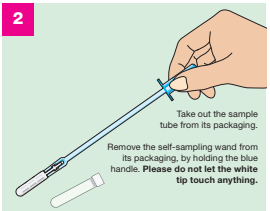
PLEASE NOTE – FOR EASY SELF SAMPLING

- Please note that the self-sampling wand is intended for **single use only**. The self-sampling wand should be handled with care and **only according to these instructions**.
- The white tip of the wand **must not be bent or removed** before self-sampling.
- To ensure correct results, the sample must **immediately be sent in by post** after taking.

1

Wash your hands in warm soapy water.

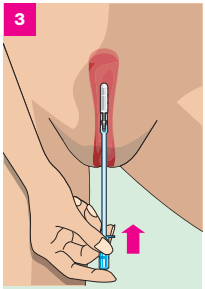
2



Take out the sample tube from its packaging.

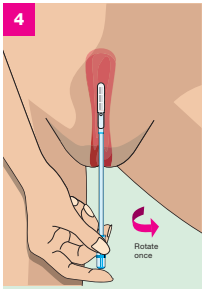
Remove the self-sampling wand from its packaging, by holding the blue handle. **Please do not let the white tip touch anything.**

3



Keep the wand straight while collecting your sample. Insert the wand into your vagina (see diagram).

4

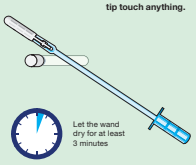


Rotate the self-sampling wand once. Take the wand out (keeping it straight).

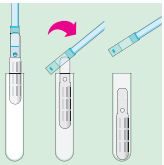
5

Let the wand dry for at least 3 minutes, by resting in against the sample tube with the white tip in the air.

Make sure not to let the white tip touch anything.



6



Unscrew the lid of the sample tube. Put the white portion of the wand into the sample tube. Bend the wand so that the white section falls into the sample tube. Screw the lid back onto the sample tube and dispose of the blue portion of the wand.

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Non-Gynae Cytology

Non-Gynaecological Cytology

Urines

To prevent cell degeneration it is advisable to collect urine samples in a sample pot containing preservative (available from TDL Supplies). Use of preservative will ensure the cellular material is preserved up to 48 hours.

Ideally 10 mls (excluding preservative) from a freshly fully voided urine (when the bladder is emptied) mid-morning sample should be submitted for cytological assessment. If microbiology or chemistry investigations are also required, **please submit separate urine samples** and mark the vials accordingly. A mid-stream urine sample is NOT recommended for cytological assessment is it could lead to a low cellular yield. If a delay of greater than 24 hours in reaching the laboratory is anticipated samples should be refrigerated at 4°C.

Sputum

Sputum should be collected on at least three occasions if underlying lung carcinoma is suspected. A single sputum is sufficient for microbiological assessment. Sputum should be sent to the laboratory immediately following production, or stored in a universal container containing cytolyt cell fixative if there is a likely delay. Please note that this is only acceptable if sputum is only for Cytology. Microbiology cannot be performed on fixed material. Early morning sputum is ideal, but contamination with food, toothpaste and tobacco should be avoided.

Fluids

All available material should be submitted in a sterile container without fixative as quickly as possible. If any delay is anticipated, the material should be submitted in cytolyt fixative.

Cerebrospinal fluid (CSF)

Ideally CSF should be submitted fresh or as an air dried cytospin slide, unstained and in a plastic transport slide box. A minimum of 3mls should be submitted either in fresh form or spun on multiple slides for cytopathologists' review and opinion. Please contact TDL Cytology for advice if required on 020 7307 7323 / 7373.

URINE/SPUTUM/FLUID			
TEST	**CODE**	**SAMPLE REQS**	**TAT**
Fluid Cytology	CATF	**Fluid**[4]	3 days
Urine Cytology (Urine cytology containers available from TDL Supplies)	URCY	**Urine** (30mls)[21]	2 days

Histopathology

CATEGORY	CODE	TISSUE SAMPLE
Breast	HIS1	Breast Capsule
Breast	HIS4	Breast Reduction (Bilateral)
Breast	HIS3	Breast Reduction (Unilateral)
Breast	HIS2	Breast Tissue
Breast	HIS2	Cavity Shavings
Breast	HIS1	Core Biopsy (1 Specimen)
Breast	HIS2	Core Biopsy (2 Specimens)
Breast	HIS3	Core Biopsy (3 Specimens)
Breast	HIS4	Core Biopsy (4 Specimens)
Breast	HIS3	Lumpectomy
Breast	HIS5	Mastecomy (simple) / Wide Local Excision (WLE)
Breast	HIS5+HIS4	Mastectomy + axillary clearance
Breast	HIS4	Microdochectomy
Breast	HIS2	Nipple
Breast	HIS5	Sentinal Nodes
Cardiac	HIS3	Aorta
Cardiac	HIS2	Cardiac Biopsy
Cardiac	HIS3	Cardiac Tumour Excision
Cardiac	HIS2	Heart Valves
Cardiac	HIS2	Mediastinal Tissue
Cardiac	HIS2	Pericardium
Cardiac	HIS2	Temporal Artery Biopsy
Endocrine	HIS5	Adrenal
Endocrine	HIS4	Parathyroid
Endocrine	HIS4	Thyroid (Lobe)
Endocrine	HIS5	Thyroid (Total)
ENT – Biopsy	HIS2	Bronchial Biopsy
ENT – Biopsy	HIS1	Cholesteatoma
ENT – Biopsy	HIS1	Dental Cyst
ENT – Biopsy	HIS1	Ear Canal Biopsy
ENT – Biopsy	HIS1	Ear Polyp
ENT – Biopsy	HIS1	Epiglottis
ENT – Biopsy	HIS1	Gingivial Tissue
ENT – Biopsy	HIS1	Laryngeal Biopsy
ENT – Biopsy	HIS2	Laryngeal Nodule (Bilateral)
ENT – Biopsy	HIS1	Laryngeal Nodule (Unilateral)
ENT – Biopsy	HIS2	Mandible Biopsy
ENT – Biopsy	HIS2	Maxillary Mucosa
ENT – Biopsy	HIS2	Mucocele
ENT – Biopsy	HIS1	Nasal Biopsy
ENT – Biopsy	HIS1	Nasal Polyps
ENT – Biopsy	HIS1	Oral Biopsy
ENT – Biopsy	HIS1	Palatal Biopsy

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Histopathology

CATEGORY	CODE	TISSUE SAMPLE
ENT – Biopsy	**HIS1**	Pharyngeal Biopsy
ENT – Biopsy	**HIS2**	Pleural Biopsy
ENT – Biopsy	**HIS1**	Thyroid Biopsy
ENT – Biopsy	**HIS1**	Tongue Biopsy
ENT – Biopsy	**HIS1**	Tonsil (1 Specimen)
ENT – Biopsy	**HIS2**	Tonsil Biopsy
ENT – Biopsy	**HIS2**	Tonsils (2 Specimens)
ENT – Biopsy	**HIS2**	Uvelectomy
ENT – Biopsy	**HIS1**	Vocal chords
ENT – Resections	**HIS5+HIS2**	Glossectomy
ENT – Resections	**HIS5**	Laryngectomy
ENT – Resections	**HIS5+HIS2**	Maxillectomy
ENT – Resections	**HIS5+HIS2**	Neck Dissection
ENT – Resections	**HIS5+HIS5**	Neck Dissection (Bilateral)
ENT – Resections	**HIS4**	Parotidectomy
ENT – Resections	**HIS4**	Partial Thyroidectomy
ENT – Resections	**HIS5+HIS5**	Pharyngectomy
ENT – Resections	**HIS5+HIS2**	Rhinectomy
ENT – Resections	**HIS3**	Submandibular Gland – Excision
ENT – Resections	**HIS2**	Thyroglossal Cyst
GI Endoscopic – Biopsy	**HIS1**	Bile duct biopsy
GI Endoscopic – Biopsy	**HIS1**	Colonic Polyp
GI Endoscopic – Biopsy	**HIS1**	Endoscopic Biopsy (1 specimen)
GI Endoscopic – Biopsy	**2H1**	Endoscopic Biopsy (2 specimens)
GI Endoscopic – Biopsy	**3H1**	Endoscopic Biopsy (3 specimens)
GI Endoscopic – Biopsy	**4H1**	Endoscopic Biopsy (4 specimens)
GI Endoscopic – Biopsy	**5H1**	Endoscopic Biopsy (5 specimens)
GI Endoscopic – Biopsy	**6H1**	Endoscopic Biopsy (6 specimens)
GI Endoscopic – Biopsy	**7H1**	Endoscopic Biopsy (7 specimens)
GI Endoscopic – Biopsy	**8H1**	Endoscopic Biopsy (8 specimens)
GI Endoscopic – Biopsy	**9H1**	Endoscopic Biopsy (9 specimens)
GI Endoscopic – Biopsy	**10H1**	Endoscopic Biopsy (10-15 specimens)
GI Endoscopic – Biopsy	**HIS5**	Liver Biopsy – Medical
GI Endoscopic – Biopsy	**HIS3**	Liver Biopsy – Tumour
GI Endoscopic – Biopsy	**HIS3**	Omental Biopsy
GI Endoscopic – Biopsy	**HIS1**	Pancreatic Biopsy
GI Endoscopic – Biopsy	**HIS1**	Perianal Biopsy
GI-Resection – Small	**HIS215**	Anal Fistula
GI-Resection – Small	**HIS2**	Appendix
GI-Resection – Small	**HIS3**	Endo Mucosal Resection (EMR/ESD)
GI-Resection – Small	**HIS2**	Gallbladder
GI-Resection – Small	**HIS2**	Haemorrhoidectomy
GI-Resection – Small	**HIS2**	Hernia Sac
GI-Resection – Small	**HIS3**	Meckel's Diverticulum

Key: See page 19 for sample taking and special handling instructions.

Histopathology

CATEGORY	CODE	TISSUE SAMPLE
GI-Resection – Small	HIS2	Mesentery
GI-Resection – Small	HIS2	Perianal Biopsy / Warts
GI-Resection – Small	HIS2	Pilonidal Sinus
GI-Resection – Small	HIS2	Polypectomy
GI-Resection – Small	HIS2	Umbilical Lesion
GI Resection – Large	HIS5	Biliary Resection
GI Resection – Large	HIS5+HIS2	Colon
GI Resection – Large	HIS5	Distal Pancreatectomy
GI Resection – Large	HIS5+HIS2	Gastrectomy
GI Resection – Large	HIS5	Gastric Wedge Resection
GI Resection – Large	HIS5	Ileoanal Pouch Resection
GI Resection – Large	HIS4	Ileostomy
GI Resection – Large	HIS3	Ileum
GI Resection – Large	HIS5+HIS2	Large Bowel Resection – Benign / Malignant
GI Resection – Large	HIS4	Liver Wedge Resection
GI Resection – Large	HIS5+HIS2	Oesophagectomy
GI Resection – Large	HIS5	Partial Hepatectomy
GI Resection – Large	HIS5	Small Bowel Resection – Benign / Malignant
GI Resection – Large	HIS5+HIS5	Whipple's Procedure / Pancreatectoduodenectomy
Gynaecology	HIS2	Cervical Biopsy
Gynaecology	HIS1	Cervical Polyp
Gynaecology	HIS4	Cervix
Gynaecology	HIS1	Curettings – Endocervical
Gynaecology	HIS1	Curettings – Endometial
Gynaecology	HIS2	Endometrial Biopsy
Gynaecology	HIS1	Endometrial Pipelle
Gynaecology	HIS1	Endometrial Polyp
Gynaecology	HIS2	Fallopian Tube
Gynaecology	HIS3	Fibroids
Gynaecology	HIS2	Fimbrial Cyst
Gynaecology	HIS4	LLETZ and / or Cone Biopsy
Gynaecology	HIS2	Mastoid
Gynaecology	HIS2	Ovarian Biopsy
Gynaecology	HIS2	Ovarian Cyst
Gynaecology	HIS1	Ovarian Pipelle
Gynaecology	HIS5	Ovaries (Bilateral)
Gynaecology	HIS3	Ovary (Unilateral)
Gynaecology	HIS4	Ovary and Tube (Unilateral)
Gynaecology	HIS5	Ovary and Tube (Bilateral)
Gynaecology	HIS2	Pelvic Mass
Gynaecology	HIS1	Peritoneal Biopsy
Gynaecology	HIS5	Placenta
Gynaecology	HIS2	Pouch of Douglas
Gynaecology	HIS1	Products of Conception

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Histopathology

CATEGORY	CODE	TISSUE SAMPLE
Gynaecology	**HIS2**	Uterine Polyp
Gynaecology	**HIS4**	Uterus
Gynaecology	**HIS5**	Uterus and Cervix
Gynaecology	**HIS5**	Uterus, Tubes And Ovaries
Gynaecology	**HIS1**	Vulval Biopsy
Haemato-Oncology	**HIS5**	Bone Marrow
Haemato-Oncology	**HIS2**	Lymph Node
Haemato-Oncology	**HIS3**	Lymph Node (Lymphoma)
Haemato-Oncology	**HIS3**	Lymph Node (Metastatic Disease)
Haemato-Oncology	**HIS5**	Spleen
Haemato-Oncology	**HIS5**	Thymus
Lung – Biopsy	**HIS3**	Lung Biopsy
Lung – Resections	**HIS3**	Lung Lesion Small Wedge Resection
Lung – Resections	**HIS5+HIS5**	Lung Resection
Lung – Resections	**HIS5**	Lung Tumour Resection +/- Nodes
Neurosurgery	**HIS3**	Brain Biopsy
Neurosurgery	**HIS3**	Brain Resection
Neurosurgery	**HIS5+HIS5**	Muscle Biopsy
Neurosurgery	**HIS3**	Pituitary Gland – Resection
Neurosurgery	**HIS3**	Spinal Tumour Biopsy
Neurosurgery	**HIS3**	Spinal Tumour Resection
Neurosurgery	**HIS4**	Vertebrea
Opthalmic	**HIS1**	Conjunctival Biopsy
Opthalmic	**HIS1**	Cornea
Opthalmic	**HIS4**	Globe/Removal of Eye
Opthalmic	**HIS2**	Lacrimal Gland Biopsy/Excision
Opthalmic	**HIS1**	Orbit Contents Of Eye
Orthopaedic	**HIS1**	Bone Biopsy
Orthopaedic	**HIS2**	Bone Currettings
Orthopaedic	**HIS2**	Bursa
Orthopaedic	**HIS2**	Duputrenes Contracture
Orthopaedic	**HIS3**	Femoral Head Resection
Orthopaedic	**HIS1**	Ganglion Cyst
Orthopaedic	**HIS3**	Joint Resurfacing/Redo Prosthesis Capsule
Orthopaedic	**HIS1**	Neuroma
Orthopaedic	**HIS2**	Synovial Biopsy
Orthopaedic	**HIS3**	Tendon
Skin and Soft Tissue	**HIS2**	Abscess
Skin and Soft Tissue	**HIS3**	Alopecia Biopsies
Skin and Soft Tissue	**HIS1**	Cyst Excision
Skin and Soft Tissue	**HIS1**	Fossa
Skin and Soft Tissue	**HIS1**	Granuloma
Skin and Soft Tissue	**HIS3**	Lipoma
Skin and Soft Tissue	**HIS2**	Skin Excision BCC/SCC

Key: See page 19 for sample taking and special handling instructions.

Histopathology

CATEGORY	CODE	TISSUE SAMPLE
Skin and Soft Tissue	HIS1	Nail
Skin and Soft Tissue	HIS1	Pilonidal Sinus
Skin and Soft Tissue	HIS5	Sentinel Nodes In Skin Cancer (Melanoma)
Skin and Soft Tissue	1SK	Skin Biopsy (1 specimen)
Skin and Soft Tissue	2SK	Skin Biopsy (2 specimens)
Skin and Soft Tissue	3SK	Skin Biopsy (3 specimens)
Skin and Soft Tissue	4SK	Skin Biopsy (4 specimens)
Skin and Soft Tissue	5SK	Skin Biopsy (5 specimens)
Skin and Soft Tissue	6SK	Skin Biopsy (6 specimens)
Skin and Soft Tissue	7SK	Skin Biopsy (7 specimens
Skin and Soft Tissue	8SK	Skin Biopsy (8 specimens)
Skin and Soft Tissue	9SK	Skin Biopsy (9 specimens)
Skin and Soft Tissue	10SK	Skin Biopsy (10 specimens)
Skin and Soft Tissue	11SK	Skin Biopsy (11-15 specimens)
Skin and Soft Tissue	HIS3	Soft Tissue Tumour Biopsy
Skin and Soft Tissue	HIS3	Soft Tissue Tumour Resection
Urology – Biopsy	HIS1	Bladder Biopsy
Urology – Biopsy	HIS1	Core Biopsy (Urology)
Urology – Biopsy	HIS2	Hydrocele
Urology – Biopsy	HIS2	Penile Biopsy
Urology – Biopsy	HIS1	Prostate biopsy
Urology – Biopsy	2H1	Prostate biopsies x 2
Urology – Biopsy	3H1	Prostate biopsies x 3
Urology – Biopsy	4H1	Prostate biopsies x 4
Urology – Biopsy	5H1	Prostate biopsies x 5
Urology – Biopsy	6H1	Prostate biopsies x 6
Urology – Biopsy	7H1	Prostate biopsies x 7
Urology – Biopsy	8H1	Prostate biopsies x 8
Urology – Biopsy	9H1	Prostate biopsies x 9
Urology – Biopsy	10H1	Prostate biopsies x 10-12
Urology – Biopsy	HIS5	Testicular Biopsy (Bilateral)
Urology – Biopsy	HIS4	Testicular Biopsy (Unilateral)
Urology – Biopsy	HIS1	Urethral Biopsy
Urology – Biopsy	HIS2	Vasectomy
Urology – Resection	HIS5+HIS5	Cystoprostatectomy
Urology – Resection	HIS3	Epididymis
Urology – Resection	HIS1	Foreskin / Circumcision
Urology – Resection	HIS5	Nephrectomy / Kidney
Urology – Resection	HIS5+HIS5	Prostatectomy
Urology – Resection	HIS5+HIS5	Radical Cystectomy
Urology – Resection	HIS3	Testis
Urology – Resection	HIS3 – HIS5+	TURBT (dependent on number of blocks)
Urology – Resection	HIS3 – HIS5	TURP (dependent on number of blocks)

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Special instructions for samples

1 Contact the laboratory for special sample tubes/containers/instructions.

2 Confirmation of not negative drug screens by GCMS may take up to 5 days.

3 Clinical history essential and protect from light.

4 Send to the laboratory without delay.

5 Do not send sample to the laboratory between Friday noon and Monday morning.

6 Contact the Referrals Department before taking and sending sample to the laboratory.

7 Sample should be separated and frozen if sending overnight.

8 DRP Form required. DRP Form can be found at the back of the guide.

9 Clinical history must be provided.

10 Contact the laboratory for special stability tubes for lymphocyte subsets – or take an EDTA sample and ensure same day delivery to the laboratory, Monday to Friday noon (do not send sample between Friday noon and Monday morning).

11 Patient consent required. Consent Form can be found at the back of this guide.

12 Please provide one sample for each person being tested.

13 Protect from light.

14 Provide details of travel history.

15 Ammonia
Sample: EDTA plasma only. Full tubes and tightly stoppered. On ice, centrifuged and analysed 20-30 mins post venepuncture (or plasma can be frozen). If haemolysed gives falsely high results.
Patient: Fasting. Avoid smoking.

16 Lactate
Sample: Fluoride oxalate plasma only.
On ice and separate from cells 15-30 mins, analyse promptly. Handle with care as sweat contains large amounts of lactate. No tourniquet.
Patient: Rest 30 mins prior to test.

17 Homocysteine
Should be spun and separated with 1 hour of venepuncture.

18 Citrate Samples
Samples should be double spun and separated and frozen within 4-8 hours of sample taking, if a delay is expected with transportation to the laboratory, samples must be transported as frozen.

19 Must include patient's age, height and weight.

20 Sample types: FCRU or PCR swab or TPV or Semen.

21 Urine cytology container, ideally first catch, mid-morning specimen.

22 Must be fresh.

30 Collect sample at end of exposure.

33 Sample must be labelled by hand with first name, family name, gender and date of birth detailed on sample and form. Do not use labels other than the tube label.

34 Samples must arrive in the laboratory on the same day of sample taking or contact the laboratory.

35 Patient should be fasting and resting for 30 mins before sample taking. Samples need handling urgently.

36 Renin: Sample collected either upright/active or resting/supine (3 hours lying).

37 Provide sample time and date of collection.

38 EDTA sample should not be separated: send whole blood.

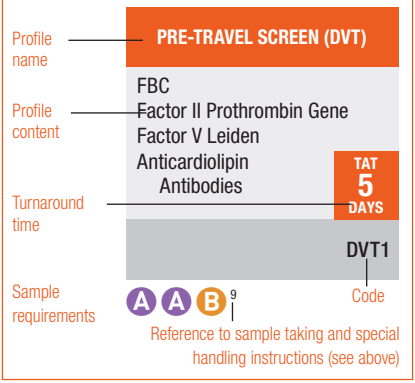
39 Urgent samples have a 3 day TAT if genotype is required for prenatal diagnosis or two weeks TAT if urgent for other factors.

40 Informed Consent is required for these tests.

41 Recommendation for patient to attend Patient Reception for sample taking.

42 LGV can be added to a positive chlamydia sample using the same swab if requested within 4 days of receipt of result.

Example of profile panel information



Alphabetical test index

TEST	CODE	SAMPLE REQS	TAT	PAGE
1,25 Vitamin D	D3	B	5-8 days	140
2-Butanone GC	BUTA	**RU**	7 days	152
2-Furoic Acid	2FA	**RU**	10 days	152
4th Generation HIV1& 2 Abs/p24 Ag (28 days post-contact)*	THIV	B Tiny™	4 hours	90
5 HIAA	RU5H	**PU**[1]	5 days	23
5' Nucleotidase	5NT	B	5 days	23
6-Thioguanine Nucleotides	TGN	A A	2 weeks	23
7 STI's by PCR	PP12	**FCRU/PCR/TPV**	2 days	21, 61, 71, 156
11 Deoxycorticosterone	DEOX	B	10 days	45
11 Deoxycortisol	11DC	B (Frozen)	10 days	45
16S rRNA Bacterial Gene	16S	**J**	1 week	36
17 Hydroxyprogesterone	17OH	B	5 days	45
18S rRNA Fungal Gene	18S	**J**	1 week	36
21 Hydroxylase Ab's	21HA	B (Frozen)	10 days	23
Acetone – Blood	ACTB	A or H	2 weeks	152
Acetone – Urine	ACTU	**RU**	5 days	152
Acetylcholine Receptor Autoantibodies	ACRA	B[4]	5 days	23
Acetylcholinesterase Isoenzymes	ACEI	**AF**	7 days	23
Acid Phosphatase – Total	APT	B	5 days	23
ACTH (Adreno Corticotrophic Hormone)	ACTH	A (Plasma Frozen)[41]	1 day	45
Activated Protein C Resistance	APCR	C (Frozen)[4,18]	3 days	33
Acute Viral Hepatitis Screen	AHSC	B	4 hours	73
ADAMTS – 13 Activity Assay	CP13	C (Frozen)[4,18]	3 days	33
Adenosine Deaminase	AD	A/B/**Fluid**	3 weeks	23
Adenovirus by PCR	ADV	F/**PCR/VS/SC**	7 days	92
Adiponectin	ADIP	B	2 weeks	23
Adrenal Cortex Antibodies	ACTX	B	2 days	73
Albumin	ALB	B	4 hours	23
Alcohol (Legal) Police Blood Sample	LALC	**Police Sample**	3 weeks	23
Alcohol (Medical) [Do not use alcohol swab prior to sample taking]	ALCO	G[1]	4 hours	23
Alcohol (Urine)	UALC	**RU**	4 hours	23
Alcohol Profile	AP	A B B G	5-7 days	149-150, 152
Alcohol Profile 2	ALCP	A A B B G **RU**	5-7 days	149-150, 152
Aldolase	ALDO	B	5 days	23
Aldosterone	ALDN	B	5 days	45
Aldosterone (Urine)	UALD	**PU**	5 days	45
Alk Phosphatase Isoenzymes	APIE	B	5 days	23
Alkaline Phosphatase	ALP	B	4 hours	23
Allergen Component Profiles				137

Ensure all specimens and forms are labelled with given Forename, Surname, DOB, Date and Time of collection. Turnaround times are quoted as working days.

Alphabetical test index

TEST	CODE	SAMPLE REQS	TAT	PAGE
Allergy – Individual Allergens See list on page 133	ALLE	B	2 days	130
Allergy Profile (Mediterranean)	ALMD	B	2 days	129-130
Allergy Profile (Middle East)	ALME	B	2 days	129-130
Allergy Profile (UK)	ALUK	B	2 days	129-130
Allergy Profile 1 (Food & Inhalants)	1A	B B	2 days	130-131
Allergy Profile 2 (Inhalants)	2A	B	2 days	130-131
Allergy Profile 3 (Food)	3A	B	2 days	130-131
Allergy Profile 4 (Nuts & Seeds)	4A	B	2 days	130-131
Allergy Profile 5 (Children's Panel)	5A	B	2 days	130-131
Allergy Profile 6 (Shellfish)	6A	B	2 days	130, 132
Allergy Profile 7 (Finfish)	7A	B	2 days	130, 132
Allergy Profile 8 (Cereal – singles)	8A	B	2 days	130, 132
Allergy Profile 9 (Antibiotics)	9A	B	2 days	130, 132
Allergy Profile 10 (Insects)	10A	B	2 days	130, 132
Allergy Profile 11 (Combined Shellfish/Finfish)	11A	B	2 days	130, 132
Allergy Profile 12 (Milk & Milk Proteins)	12A	B	2 days	130, 132
Allergy Profile 13 (Stone fruit/Rosaceae family)	13A	B	2 days	130, 132
Alpha 1 Antitrypsin (Serum)	A1AT	B	1 day	23
Alpha 1 Antitrypsin (Stool)	A1AF	**RF**	10 days	23
Alpha 1 Antitrypsin Genotype – PI*M, PI*S, PI*Z	GENE	A[9]	4 weeks	23
Alpha 1 Glycoprotein	OROS	B	5 days	23
Alpha 1 Microglobulin	A1MG	**RU**[1,22]	10 days	23
Alpha 2 Macroglobulins	A2MG	B	5 days	23
Alpha Feto Protein	AFP	B	4 hours	45, 95
Alpha Feto Protein (Maternal)	AFPM	B	4 hours	23
Alpha Gal Components (related to red meat)	ZZ37	B	2 days	137
Alpha-1 Antitrypsin Genotype – PI*M, PI*S, PI*Z	GENE	A[9]	4 weeks	103
ALT (Alanine Aminotransferase) (SGPT)	ALT	B	4 hours	23
Alternaria Components	ZZ1	B	2 days	137
Aluminium	ALUM	K	7 days	23, 151
Aluminium (Urine)	ALUU	**RU**	1-2 weeks	152
Amenorrhoea Profile	AMEN	B	4 hours	45, 51
Amikacin Level (State dose)	AMIK	B[4]	4 hours	125
Amino Acid (Serum/Plasma)	AMIN	B	7 days	23
Amino Acid Quantitative (Urine)	UAAQ	**RU**	7 days	23
Amino-Laevulinic Acid (Urine)	RUAL	100mls **PU**	5 days	23
Amitriptyline	AMTR	A[4]	5 days	126
Ammonia	AMMO	A (Frozen)[15]	4 hours	23
Amniocentesis – rapid BOBs aneuploidy diagnosis for all chromosomes (5 days) + culture (10-15 days)	ABK	**AF**[9]	5-15 days	103

Alphabetical test index

TEST	CODE	SAMPLE REQS	TAT	PAGE
Amniocentesis – rapid PCR diagnosis for common aneuploidies (2 days) + culture (10-15 days)	APCC	**AF**[9]	2-15 days	103
Amoebic (E. histolytica) Antibodies	AFAT	B	2 days	81
Amoebic (E. histolytica) PCR	AMAG	**RF**	2 days	81
Amphetamines – Blood	AMPB	B B	5 days	149
Amylase	AMY	B	4 hours	23
Amylase (Urine)	UAMY	**CU**	4 hours	23
Amylase Isoenzymes	AMYI	B	5 days	23
Amyloidosis (Amyloid A Protein)	SAA	B	5 days	23
Anaemia Profile	ANAE	A A B	2 days	32, 35
Anafranil (Clomipramine)	CHLO	A	7 days	126
ANCA (Anti-Neutrophil Cytoplasmic Abs)	ANCA	B	2 days	73
Andropause Profile	ANDP	B B	8 hours	45, 50
Androstanediolglucoronide	ANDG	B	3 weeks	23
Androstenedione	ANDR	B (Frozen)	1 day	45
Angiotensin Converting Enzyme	ACE	B	4 hours	23
Angiotensin Converting Enzyme – CSF	ACEF	**CSF** (Frozen)	2 weeks	23
Angiotensin II	ANG2	A (Frozen)	2 weeks	23
Antenatal Profile	ANTE	A A[33] B B B G	3 days	32, 35
Anti CCP Antibodies (RF)	CCP	B	2 days	73
Anti Phosphatidylserine Antibodies	PHTS	B	5 days	73
Anti Phospholipase A2 Receptor	AA2R	B	3 weeks	73
Anti Sla (Soluble Liver Antigen) Abs	LSA	B	10 days	73
Anti-Actin Antibodies	AAA	B	5 days	73
Anti-Basal Ganglia Antibodies	ABGA	B	3 weeks	73
Anti-Liver Cytosol Antibodies	ALCA	B	5 days	73
Anti-MOG [Myelin Oligodendrocyte Glycoprotein] Antibodies	AMOG	B	3 weeks	73
Anti-MUSK Antibodies	MUSK	B	2 weeks	73
Anti-Ri Antibodies	RIAB	B	3 days	73
Antidiuretic Hormone	ADH	A A (Plasma Frozen)[4]	10 days	45
Antimony (Urine)	ANTI	**RU**[30]	10 days	23
Antimullerian Hormone (AMH Plus)	AMH	B	4 hours	23, 45, 50
Antinuclear Antibodies (titre & pattern)	ANAB	B	2 days	73
Antistaphylolysin Titre (SGOT)	ASTT	B	2 days	73
Antistreptolysin Titre/ASOT	ASLT	B	2 days	73
Antisulfatide Antibodies	ASA	B	5 weeks	73
Antithrombin III	A111	C (Frozen)[4,9,18]	3 days	33
AP50 Alternative Hemolytic Complement	AP50	B (Frozen)	2 weeks	23
Apolipoprotein A1 (12 hours fasting)	APOA	B	3 days	23
Apolipoprotein B (12 hours fasting)	APOB	B	3 days	23
Apolipoprotein C (12 hours fasting)	APOC	B	3 months	24
Apolipoprotein E (12 hours fasting)	APOE	B (fasting)	5 days	24

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Alphabetical test index

TEST	CODE	SAMPLE REQS	TAT	PAGE
Apolipoprotein E genotype – E2, E3, E4	APEG	A[9]	5 days	104
Apple Components	ZZ36	B	2 days	137
APTT/KCCT	KCCT	C[18]	4 hours	32
Aquaporin 4 Antibodies (Neuromyelitis Optica)	AQUA	B	2 weeks	73
Arbovirus Antibodies/Abs	ARBO	B[9,14]	3 weeks	92
Array CGH (Comparative Genomic Hybridisation)	CGH	**CVS/AF/**A H[9]	10 days	104
Arsenic (Blood)	ARS	A or H	5 days	24, 151
Arsenic (Urine)	ARSE	**RU**[30]	5 days	24, 152
Arylsulphatase A	ARYL	H[5,6]	8 weeks	24
Ascariasis Serology	ASC	B	5 days	92
Ashkenazi Jewish Carrier Screen	ASHJ	A[9]	4 weeks	104, 119, 124
Aspartate Transaminase (AST) (SGOT)	AST	B	4 hours	24
Aspergillus Components	ZZ2	B	2 days	137
Aspergillus Precipitins	ASPP	B	5 days	92
Atypical Antibody Screen (handwritten tube label)	AASC	A[22,33]	2 days	32
Autoantibody Profile I	AUTO	B	2 days	73, 79
Autoantibody Profile II	ENDO	B	2 days	73, 79
Avian Precipitins (11 Species)	AVIA	B	5 days	73
Azoospermia – karyotype + cystic fibrosis screen + polyT(5T) + Y deletions	GRP	A H[9]	10-15 days	104
Babesia Antibodies	BABE	B	3 weeks	92
Babesia Parasites	BABP	A[4]	7 days	92
Bancroftia/Oncerciasis/Filarial Antibodies	TFIF	B[14]	2 weeks	92
Bartonella (IgG/IgM)	CAT	B	5 days	92
BCR/ABL Quantitative – fusion gene sizes p190 + p210 – ***MUST arrive in the laboratory within 48 hours, before 12pm on Fridays***	BCRA	A A[9]	10 days	104
Becker Muscular Dystrophy – deletions/duplications	DND	A[9]	10 days	104
Behcet's Disease – HLA Tissue Typing B*51	B51	A[9]	10 days	104
Bence-Jones Protein	RBJP	1x30mls (**RU**)	5 days	24
Benzene	BENZ	**J**[1,6]	3 days	152
Beta 2 Glycoprotein 1 Abs	B2GP	B	5 days	73
Beta 2 Microglobulin (Serum)	B2MG	B	2 days	24, 152
Beta 2 Microglobulin (Urine)	UB2M	**RU**	3 days	24, 152
Beta Carotene	CARO	B	5 days	140
Beta D Glucan	XBDG	B	2 weeks	36
Beta HCG (Oncology)	HCGQ	B	4 hours	95
Beta HCG (Quantitative)	QHCG	B	4 hours	45
Beta-Glucuronidase (Sly Disease)	BGLU	H H[9,4]	8 weeks	24
Bicarbonate	HCO3	B	4 hours	24

Alphabetical test index

TEST	CODE	SAMPLE REQS	TAT	PAGE
Bile Acids – Serum	BILE	B	4 hours	24
Bilharzia (Schistosome) Antibodies	BILH	B[14]	10 days	81
Bilharzia (Schistosome) Antigen	SHAG	B	15 days	81
Bilharzia (Urine)	USCH	**RU**[14]	8 hours	81
Bilirubin (Direct/Indirect)	DBIL	B	4 hours	24
Bilirubin (Total)	BILI	B	4 hours	24
Bilirubin (Urine)	UBIL	**RU**	1 day	24
Biotin	BIOS	B	1 week	140
Biotinidase	BIOT	H (Frozen plasma)[4]	3 weeks	24
Birch Components	ZZ3	B	2 days	137
Bismuth	BISM	B	5 days	24
BK Polyoma Virus by PCR	BKPV	A / B / **RU**	5 days	92
Blood Culture	BCUL	2 x **BC**[4]	6 days +	36
Blood Film Examination	FILM	A	1 day	32
Blood Group†	ABO	A[22,33]	2 days	32
BNP (NT-pro BNP)	BNP	B	4 hours	24, 45
Bone Alkaline Phosphatase	BALP	B (Frozen)	2 weeks	24
Bone Marrow (Aspirate)	BMAS	**J**[1]	14 days	34
Bone Marrow (Trephine Biopsy)	BMI	**J**[1]	3 days	34
Bone Screen	BONE	B **CU**	4 hours	24, 31
Bone Screen (Bloods only)	BON2	B	4 hours	24, 31
Borrelia Antibodies (Lyme Disease) IgG, IgM	BORR	B[9,14]	2 days	73, 81
Borrelia Antibodies (Lyme Disease) IgM	BORM	B	2 days	73, 81
Borrelia Confirmation (Immunoblot)	BORC	B[9,14]	10 days	73, 81
Brazil Components	ZZ4	B	2 days	137
Breast Cancer – BRCA1 + BRCA2 only gene sequencing + deletions/duplications	GENE	A	4 weeks	104
Breast Cancer NGS Panel – full sequencing across 14 genes + deletions/duplications. Requires patient informed consent	GENE	A A[9,11]	4 weeks	95, 104
Bromide	BROM	B	3 days	152
Brucella Serology	BRUC	B[9]	2-3 weeks	73
BUN (Blood Urea Nitrogen)	BUN	B	4 hours	24
C-KIT (Common mutation KIT D816V Gene)	GENE	A	4 weeks	105
C Peptide	CPEP	B	3 days	45
C Reactive Protein	CRP	B	4 hours	24
C Reactive Protein (High Sensitivity)	HCRP	B	4 hours	24
C1 Esterase Inhibitor	C1EI	B	5 days	73
C1 Esterase: Function & Total	FC1E	C C (Plasma Frozen)[4,18]	10 days	24
C1q Binding Immune Complex	IMCP	B	5 days	24
C3 Complement	C3	B	4 hours	73
C3/C4 Complement	COMP	B	4 hours	73
C4 Complement	C4	B	4 hours	73

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Alphabetical test index

TEST	CODE	SAMPLE REQS	TAT	PAGE
CA 15-3	C153	B	4 hours	95
CA 19-9	C199	B	4 hours	95
CA 50	CA50	B	5 days	95
CA 72-4	C724	B	5 days	95
CA 125	C125	B	4 hours	95
Cadmium (Blood)	CADM	A or H	5 days	24, 151
Cadmium (Urine)	URCD	**RU**[30]	5 days	24, 152
Calcitonin	CATO	B (Frozen)[4]	1 day	45
Calcium	CA	B	4 hours	24
Calcium (24 hr Urine)	UCA	**PU**	4 hours	24
Calcium/Creatinine Ratio	CACR	**RU** B	4 hours	24
Calprotectin	CALP	**RF**	5 days	73
Calprotectin/Elastase Profile	CEP	**RF**	5 days	73, 79
Campylobacter Jejuni Antibodies	CJAB	B	5 days	73
Candida Antibodies	CANA	B	5 days	73
Candida Antigen	CCAG	B	5 days	73
Cannabinoids (Urine) Screen	CANN	**RU**	1 day	149
Carbamazepine (Tegretol)	CARB	B	4 hours	126
Carbapenemase producing organism screen	MDR	**STM** (rectal)	4-5 days‡	36
Carbohydrate Deficient Glycoprotein	CDG	B	2 weeks	24
Carbohydrate Deficient Transferrin (CDT)	CDT	B[4]	3 days	24
Carboxyhaemoglobin	CBHB	A	1 week	32
Carcino Embryonic Antigen	CEA	B	4 hours	95
Cardiac Enzymes (not chest pain)	CENZ	B	4 hours	24
Cardiolipin Antibodies (IgG+IgM)	ACAB	B	2 days	73
Cardiovascular Risk Profile 1	PP10	B B	3 days	21, 24, 31
Cardiovascular Risk Profile 2	PP11	B B B C[34]	3 days	21, 24, 31
Carnitine – Free & Total	CARN	H H (Frozen Plasma)	10 days	24
Carotenes	CARO	B[13]	5 days	140
Cartilage Antibodies	ACA	B	5 days	73
Cashew Components	ZZ35	B	2 days	137
Cat Components	ZZ5	B	2 days	137
Cat Scratch Fever (Bartonella IgG+IgM)	CAT	B	5 days	92
Catecholamines (Plasma)	CATE	A A (Plasma Frozen)[4]	5 days	45
Catecholamines (Urine)	UCAT	**PU**[1]	5 days	45
CCP Antibodies (RF)	CCP	B	2 days	73
CD3/CD4/CD8	LYSS	A[10]/**Chex**	1 day	34, 90
CD16	CD16	A[4]	1 day	34
CD19 B Cells	CD19	A[4]	1 day	34
CD20	CD20	A[10]/**Chex**	2 days	34
CD25	CD25	A[10]/**Chex**	2 days	34
CD56	CD56	A[4]	1 day	34
CD57	CD57	A	1 day	34

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Celery Components	ZZ6	B	2 days	137
Centromere Autoantibodies	CAB	B	2 days	73
Ceruloplasmin	CERU	B	1 day	24, 140
Cervical Cytology	PAPT will incl. HPV	**TPV**	2-3 days	158
CH50 (Classical pathway)	CH50	B (Frozen)[4]	4 days	73
Chagas Disease Serology (S.American Trypanosomiasis) T. Cruzi	CHGA	B[9,14]	10 days	92
Chest Pain Profile	CPP	B	STAT	24, 31
Chikungunya Virus Abs	CHIK	B[9,14]	10 days	92
Chlamydia (PCR swab)	SPCR	**PCR**	2 days	36, 61
Chlamydia (Thin Prep)	TPCR	**TPV**	2 days	36, 61, 156
Chlamydia (Urine)	CPCR	**FCRU**	2 days	36, 61
Chlamydia Species Specific Ab Screen	CHAB	B	2 days	73, 79
Chlamydia/Gonorrhoea (PCR Swab)	SCG	**PCR**	2 days	61
Chlamydia/Gonorrhoea (Rectal)	RSCG	**PCR**	2 days	61
Chlamydia/Gonorrhoea (Thin Prep)	TCG	**TPV**	5 days	61, 156
Chlamydia/Gonorrhoea (Throat)	TSCG	**PCR**	2 days	61
Chlamydia/Gonorrhoea (Urine)	CCG	**FCRU**	2 days	61
Chlamydia/Gonorrhoea/Trichomonas by PCR	CCGT	**FCRU/PCR/TPV**	2 days	61
Chloride	CL	B	4 hours	24
Cholesterol	CHO	B	4 hours	24
Cholesterol (Familial Hypercholesterolaemia)				24, 108
Cholinesterase (Blood)	CHRC	H	5 days	24, 152
Cholinesterase (Serum/Pseudo)	CHPS	B	4 hours	25, 152
Chromium (Blood)	CHRO	A	5 days	25, 151
Chromium (Urine)	URCR	**RU**[30]	10 days	25, 152
Chromogranin A	CGA	B	5 days	25
Chromogranin A & B	MTAB	**J**[1]	3 weeks	25
Chromosome Analysis (Amniocentesis) – rapid BOBs aneuploidy diagnosis for all chromosomes (5 days) + culture (10-15 days)	ABK	**AF**[9]	5-15 days	105
Chromosome Analysis (Amniocentesis) – rapid PCR diagnosis for common aneuploidies (2 days) + culture (10-15 days)	APCC	**AF**[9]	2-15 days	105
Chromosome Analysis (Amniocentesis) – culture only	ACUL	**AF**[9]	10-15 days	105
Chromosome Analysis (Blood)	KARY	H[9]	8-18 days	105
Chromosome Analysis (Chorionic Villus) – rapid BOBs aneuploidy diagnosis for all chromosomes (5 days) + culture (10-15 days)	CBK	**CVS**[9]	5-15 days	105
Chromosome Analysis (Chorionic Villus) – rapid PCR diagnosis for common aneuploidies (2 days) + culture (10-15 days)	CVPC	**CVS**[1,9]	2-15 days	105

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Chromosome Analysis (Chorionic Villus)– culture only	CVSC	**CVS**[1,9]	10-15 days	105
Chromosome Analysis (Product of Conception) – BOBs rapid aneuploidy diagnosis for all chromosomes (5 days) + culture (25 days)	PBK	**Placental Sample**[1,9]	5-25 days	105, 124
Chromosome Analysis (Products of Conception)	PROC	**Placental Sample**[1,9]	20-25 days	106
Chromosome Analysis (Solid Tissue)	PROC	**Fetal tissue**[1,9]	4-5 weeks	106
Chromosome Analysis (Stem Cells)	STEM/ SUSP	**Culture / Fixed cells**	Contact lab	106
Chronic Fatigue Syndrome Profile	VIP1	A or **Chex+** B[10]	5 days	73, 79
Citrate (Blood)	CITR	B	5 days	25
Citrate (Urine)	UCIT	**CU** (Frozen)	5 days	25
CK (MB Fraction)	CKMB	B	4 hours	25
CK Isoenzymes	CKIE	B	5 days	25
Clobazam	CLOB	A	5 days	126
Clomipramine (Anafranil)	CHLO	A	7 days	126
Clonazepam	CLON	A	7 days	126
Clostridium Difficile Toxin by PCR	CLOS	**RF***	2 days	36
CMV DNA (by PCR)	CMVP	A	5 days	92
CMV DNA by PCR (Semen)	SCVM	**Semen**	7 days	92
CMV DNA by PCR (Urine)	CMVU	**RU**	5 days	92
CMV Resistance	CMVR	A A (2 x 6mls)	21 days	92
Coagulation Profile 1	CLPF	C[18]	4 hours	32, 35
Coagulation Profile 2	CLOT	A C[18]	4 hours	32, 35
Cobalt (Blood)	COB	A	5 days	25
Cobalt (Serum)	COBB	B	5 days	25, 151
Cobalt (Urine)	COBA	**RU**[30]	5 days	25, 152
Cocaine (Urine) Screen	UCOC	**RU**	1 day	149
Coccidioidomycosis Antibodies	COCC	B	2 weeks	92
Coeliac Disease – HLA DQ2/DQ8 Genotype	Q2Q8	A[9]	10 days	77, 106
Coeliac/Gluten Profile 2	GSA2	A B	10 days	74, 77
Coeliac/Gluten Sensitivity Profile	GSA	B	2 days	74, 77
Coenzyme Q10	CQ10	B	2 weeks	25
Cold Agglutinin	CAGG	**J**[1]	5 days	25
Collagen (Type I, II, IV) Antibodies	COAB	B	10 days	25
Collagen Type 1 Cross-Linked N-Telopeptide – NTX	NTX	**2nd EMU**	2 weeks	25
Colloid Antigen-2 Antibodies	CA2A	B	2 weeks	74
Colorectal Cancer NGS Panel – full sequencing across 18 genes + deletions/duplications	GENE	A A[9,11]	4 weeks	106
Comparative Genomic Hybridisation (Array CGH)	CGH	**CVS / AF /** A H[9]	10 days	106
Complement C1q	C1Q	B	5 days	25
Complement C2	C2	B	10 days	25

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	TEST	CODE	SAMPLE REQS	TAT	PAGE
	Complement C5	C5A	B	2 weeks	25
	Complement C6	C6	B (Frozen)*	5 weeks	25
	Complement C7	C7	B (Frozen)*	5 weeks	25
	Complement C8	C8	B (Frozen)*	5 weeks	25
	Complement C9	C9	B (Frozen)*	5 weeks	25
	Complement Factor H	FACH	B	3 weeks	25
	Complex PSA (Prostate Specific Ag)	CPSA	B	3 days	95
	Congenital Absence of Vas Deferens – karyotype + cystic fibrosis screen + polyT(5T) + Y deletions	GRP	A H[9]	10-15 days	106
	Coombs (Direct Antiglobulin Test)	COOM	A	2 days	34
	Copper (Serum)	COPP	B	5 days	25, 140, 151
	Copper (Urine)	URCU	**CU**	5 days	25, 152
	Corona Virus PCR	CORV	**PCR**, **BAL**, **SC**, **NPA**	1 week	92
	Cortisol	CORT	B	4 hours	45
	Cortisol (Urine)	UCOR	**CU**	5 days	45
	Cortisol Binding Globulin	CBG	B (Frozen)	1 month	25
	Cotinine (Saliva)	SCOT	**Saliva Kit**[1]	2 days	152
	Cotinine (Serum)	COT	B	2 days	74
	Cotinine (Urine)	COTT	**RU**	2 days	74
	Cow's Milk Components	ZZ7	B	2 days	137
	Coxsackie Antibodies (IgM)	COXM	B	10 days	92
	Creatine Kinase (CK, CPK)	CKNA	B	4 hours	25
	Creatinine	CREA	B	4 hours	25
	Creatinine (Urine)	UCR	**CU**	4 hours	25
	Creatinine Clearance	CRCL	B **CU**	4 hours	25
	Cri du Chat Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	**CVS**/**AF**/A H[9]	5-15 days	107
	Cri du Chat Syndrome – BOBs only	PBOB	**CVS**/**AF**/A[9]	5 days	107
	Crosslaps (Serum DPD)	SDPD	B (Freeze within 24 hours)	4 days	25
	Cryoglobulins	CRYO	**J**[6]	10 days	74
	Cryptococcal Antigen	CRYC	**Serum** or **CSF**	1 day	36
	Cryptosporidium	CRPO	**RF**	2 days	36
	Cryptosporidium Antigen Detection	CRPA	**RF**	1 day	81
	CSF for Microscopy and Culture	CSF	**CSF**	1-3 days	36
	CSF Screen by PCR	VPCR	**CSF**	2 days	92, 94
NEW	**CT/GC/Trichomonas/Mgen (Urine)**	CGTM	**FCRU**	2 days	71
NEW	**CT/GC/Trichomonas/Mgen (Swab)**	SGTM	**PCR Swab**	2 days	71
	Culture (Any site)	CULT		up to 5 days	36
	CVS PCR for common aneuploidies (2 days) + culture (10-15 days)	CVPC	**CVS**[9]	2-15 days	107
	CVSBOBs – rapid BOBs aneuploidy diagnosis for all chromosomes (3-5 days) + culture (10-15 days)	CBK	**CVS**[9]	5-15 days	107

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TEST	CODE	SAMPLE REQS	TAT	PAGE
CVSBOBs only – rapid aneuploidy diagnosis for all chromosomes + common microdeletion syndromes	CBOB	**CVS**[9]	5 days	107
Cyclic Amp (Urine)	CAMP	**CU** (Frozen)	5 days	25
Cyclosporin (Monoclonal)	CYCL	A	1 day	25
Cyfra 21-1	CY21	B	4 days	95
CYP450 2D6 Genotyping	TGEN	A[9]	10 days	107
Cystatin C	CYCC	B	5 days	25
Cystic Fibrosis – 139 common mutations	CFS	A[9]	5 days	107
Cystic Fibrosis Poly T (5T, 7T, 9T)	PLYT	A[9]	5 days	107
Cysticercosis (Taenia Solium) Serology	CYST	B	5 days	92
Cystine – Quantitative (Beta-CTX)	QCYS	**PU**	5 days	25
Cytomegalovirus (CMV-DNA) Amnio	CMVD	**AF**	5 days	92
Cytomegalovirus (IgG/IgM) Antibodies	CMV	B	4 hours	92
Cytomegalovirus (PCR) Urine	CMVU	**RU**	5 days	92
Cytomegalovirus Avidity	CMAV	B	10 days	92
Cytomegalovirus DNA (PCR)	CMVP	A	5 days	92
Cytomegalovirus IgM	CMVM	B	4 hours	92
D-Dimers (Fibrinogen Degradation Products)	DDIT	C[4]	4 hours	32
Dengue Fever PCR	DPCR	A or B[9,14]	2 weeks	92
Dengue Virus Serology	DENG	B[9,14]	5 days	81
Deoxypyridinoline (DPD) – Serum	SDPD	B (Freeze within 24 hours)	4 days	25
Deoxypyridinoline (DPD) – Urine	DPD	**EMU**	4 days	25
DHEA	DHEX	B	7-10 days	45
DHEA – Urine (Dehydroepiandrosterone)	UDHE	**CU**	3 weeks	45
DHEA Sulphate	DHEA	B	4 hours	45
Diabetic Profile 1	DIAB	A G	8 hours	25, 31
Diabetic Profile 2	DIA2	A G **RU**	2 days	25, 31
Diamine Oxidase Activity	DIAM	B	2 weeks	74
Diazepam (Valium)	DIAZ	A	7 days	126
DiGeorge Syndrome (22q11 & 10p14 deletion) – BOBs (5 days) + karyotype (15 days)	DGB, KARY	**CVS**/**AF**/A H[9]	5-15 days	107
DiGeorge Syndrome (22q11 & 10p14) – BOBs only	DGB	**CVS**/**AF**/A[9]	5 days	107
Digoxin	DIGO	B	4 hours	126
Dihydrotestosterone	DHT	B B	7 days	45
Diphtheria Antibodies	DIPH	B	5 days	92
DL1-12 Screening Profiles				20-21
DNA (Double Stranded) Antibodies	DNAA	B	2 days	74
DNA (Single Stranded) Antibodies	DNAS	B	5 days	74
DNA Extraction & Storage – 3 years (longer upon request)	XDNA	A[9]	10 days	107
DNA Identity Profile – 15 STR markers	DNAF	A[9]	10 days	107
Dog Components	ZZ8	B	2 days	137

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Down Syndrome Risk Bloods only (Risk to be calculated by clinician)	HCGF/ PAPA	B	4 hours	45
Down Syndrome Risk Profile (2nd trimester) Quad	DRP	B,DRP form[7,8]	2 days	45
Down Syndrome Risk Profile with risk calculation first trimester	DRP	B, DRP form + image of scan[7,8]	2 days	45
Doxepin Level (Sinequan)	DOXE	A	10 days	152
Drugs of Abuse From Blood	DOAP	B	5 days	149-150
Drugs of Abuse Profile – Random Urine Sample/No Chain of Custody	DOA	**RU**	2 days (5 days with GCMS confirmation)	149-150
Drugs of Abuse Profile – Random Urine Sample/No Chain of Custody Plus Alcohol	DOA3	**RU**	2 days (5 days with GCMS confirmation)	149-150
Drugs of Abuse Profile – With Chain of Custody	DOAL	**RU / CoC Collection Containers**[1,2]	2 days (5 days with GCMS confirmation)	149-150
Drugs of Abuse Profile – Without Chain of Custody	DOAN	**RU**[2]	2 days (5 days with GCMS confirmation)	149-150
Duchenne Muscular Dystrophy – deletions/duplications only	DMD	A[9]	10 days	107
DVT/Pre-travel Screen	DVT1	AAB[9]	5 days	32, 35, 81-82, 107, 124
Early CDT-Lung	CDTL	B	7 days	95
Early Detection Screen PCR/NAAT	STDX	A 10mls or 2 x 4mls	3 days	61, 71, 90-91
Early Detection Screen PCR/NAAT with Syphilis	STXX	BA 10mls or 2 x 4mls	3 days	61, 71
Echinococcus (Hydatid) Antibodies	EFAT	B[9,14]	5 days	74, 81
Eczema Provoking Profile	ALEC	B	2 days	130
Egg Components	ZZ9	B	2 days	137
Ehlers-Danlos Syndrome/Aneurysm/ Connective Tissue Disorders NGS Panel – full sequencing across 46 genes + deletions/ duplications	GENE	AA[9]	5 weeks	107
Ehrlichiosis Antibodies	EHRL	B[9,14]	10 days	92
Elastase (Faecal)	ELAS	**RF**	5 days	74
Elastase / Calprotectin Profile	CEP	**RF**	5 days	74, 79
Electrolytes	ELEC	B	4 hours	26
Electrolytes (Urine)	UELE	**CU**	4 hours	25, 29
ELF/Enhanced Liver Fibrosis	ELF	B	5-7 days	26
Endometrial Biopsy Immune Profiling	23RF	**J** (Contact Referrals)	2 weeks	48
Endomysial Antibodies (IgA)	AEAB	B	2 days	74
CHANGE **Enteric Organism Rapid Detection**	EORD	**RF**	2 days	81-82
Eosinophil Cationic Protein	ECP	B	7 days	26

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	TEST	CODE	SAMPLE REQS	TAT	PAGE
	Epanutin (Phenytoin)	PHEN	B	4 hours	126
	Epstein-Barr Virus Antibodies IgG/IgM	EBVA	B	2 days	92
	Erectile Dysfunction Profile	IMPO	A B E G	3 days	45, 50
	Erythropoietin	ERY	B	4 days	34, 126
	ESR	ESR	A	4 hours	32
	Essential Fatty Acid Profile (Red Cell)	EFAR	A[4]	10 days	140
	Ethosuximide	ETHO	A	7 days	126
	Extractable Nuclear Antibodies (nRNP, Sm, Ro, La, Jo1, Scl70) CENP-B	ENA	B	2 days	74
	Factor II Assay	FAC2	C (Frozen)[9,18]	5 days	33
	Factor II Prothrombin – G20210A mutation	FX2	A[9]	5 days	33, 108
	Factor IX Assay	F1X	C (Frozen)[9,18]	5 days	33
	Factor IX Inhibiting Antibody	F9IA	C C[18]	2 weeks	33
	Factor V Assay	FAC5	C (Frozen)[9,18]	5 days	33
	Factor V Leiden – G1691A mutation	FX5	A[9]	5 days	33, 108
	Factor VII Assay	FAC7	C (Frozen)[9,18]	5 days	33
	Factor VIII Assay	FAC8	C (Frozen)[9,18]	5 days	33
	Factor VIII Inhibiting Antibody	F8IA	C C[18]	2 weeks	33
	Factor X Assay	FX	C (Frozen)[9,18]	5 days	33
	Factor Xa (Heparin)	FXA	C (Frozen)	5 days	33
	Factor XI Assay	FX1	C (Frozen)[9,18]	5 days	33
	Factor XII Assay	FX11	C (Frozen)[9,18]	5 days	33
	Factor XIII Assay	FA13	C (Frozen)[9,18]	5 days	33
	Faecal Calprotectin/Elastase Profile	CEP	**RF**	5 days	79
	Faecal Elastase	ELAS	**RF**	5 days	74
	Faecal Fat (1 Day Collection)	TFFA	**LF**[6]	5 days	26
	Faecal Fat (3 day)	FFAT	**LF**[6]	5 days	26
	Faecal Lactoferrin	FLAC	**RF**	5 days	26
NEW	**Faecal Occult Blood/FOB (immunochemical/FIT)**	QFIT	**QFIT**	1 day	36
	Faecal Sugar Chromatography	FCRO	**RF** (Frozen)	3 weeks	26
	Faecal Urobilinogen	FURO	**RF**	5 days	26
	Familial Hypercholesterolaemia – LDLR + APOB + PCSK9 + LDLRAP1 screening	GENE	A A[9]	4 weeks	108
	Farmers Lung Precipitins	FARM	B	5 days	74
	Fasciola Hepatica Antibodies (Liver Fluke)	FASC	B	2 weeks	74
	FASTest Sexual Health Screening Tests				65
	Fat Globules in Faeces	FGLO	**RF**	1 week	26
	Female Hormone Profile	FIP	B	4 hours	45, 50
	Ferritin	FERR	B	4 hours	26
	Fibrinogen	FIB	C[4,18]	4 hours	32
	Fibrotest (Liver Fibrosis)	FIBT	B	2 weeks	26
	Filaria (Lymphatic and Non-Lymphatic) Antibodies	FIFA	B[9,14]	10 days	81

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TEST	CODE	SAMPLE REQS	TAT	PAGE
First Trimester Antenatal Screen	HCGF/ PAPA	B	4 hours	45, 51
Fish Components	ZZ10	B	2 days	137
FK506 (Tacrolimus/Prograf)	FK5	A[4]	1-2 days	126
Flecainide (Tambocor)	FLEC	A	5 days	126
Fluid Culture	FLUD	**SC**	2-7 days	36
Fluid Cytology	CATF	**Fluid**[4]	3 days	161
Fluid for Crystals	FLU2	**SC**	1 day	36
Fluoride (Urine)	UFL	**RU**	5 days	26
Fluoxetine (Prozac)	PROZ	A[4]	5 days	126
Folate (Red Cell)	RBCF	A	2 days	26, 140
Folate (Serum)	FOLA	B	1 day	26
Fragile X Syndrome screen – FMR1 repeat analysis PCR (3 weeks) + Southern Blot (8 weeks) if required	GENE	AAA[9]	3-8 weeks	109
Free Cortisol (Urine)	UCOR	**CU**	5 days	45
Free Fatty Acids	FFA	B (Frozen)[1]	10 days	26
Free T3	FT3	B	4 hours	45
Free T4	FT4	B	4 hours	45
Fructosamine	FRUC	B	3 days	26
Fructose – Plasma	FRU	G[7] (Frozen)	5 days	26
FSH	FSH	B	4 hours	45
Full Blood Count	FBC	A	4 hours	32
Fungal ID + Sens	FUID	**Fungal sample/STM**	14 days	36
G6PD	G6PD	A	3 days	34
Gabapentin	GABA	B[4]	5 days	126
Galactomanan (Aspergillus Antigen)	SGAL	B	2 weeks	36
Galactose-1-Phosphate Uridyltransferase	GAL1	H[5,6]	2 weeks	26
Galactosidase – Alpha	GALA	**J**	6 weeks	26
Gall Stone Analysis	RSTA	**STONE**	10 days	26
Gamma GT	GGT	B	4 hours	26
Ganglionic Acetylcholine Receptor Antibodies	GACA	B	1 month	74
Ganglioside GM1, GD1B, GQ1B Abs	GANG	B	5 days	74
Gardnerella vaginalis by PCR	GVPC	**FCRU/PCR/TPV**	2 days	61, 156
Gastric Parietal Autoantibodies	GASP	B	2 days	74
Gastrin	GAST	B (Frozen)	5 days	26
Genetic Reproductive Profile (Male)	GRP	AH[9]	10-15 days	109, 112, 124
GENETICS: TDL GENETICS see pages 97-124				97-124
Gentamicin Assay	GENT	B[4]	4 hours	125
Giardia Serology	GIAR	B	5 days	92
Gliadin Antibodies (IgG) (deamidated)	AGAB	B	2 days	74
Globulin	GLOB	B	4 hours	26
Glomerular Basement Membrane Abs	AGBM	B	2 days	74

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Glucagon	GLUG	**J**[1]	10 days	26
Glucose	RBG	G	4 hours	26
Glucose Challenge Test / Mini-GTT	RBGM	G	1 day	125
Glucose Tolerance Test (Short)	GTTS	2x G 2x **RU**	1 day	125
Glucose Tolerance Test (Extended Plus)	GTTX	7x G 7x **RU**	1 day	125
Glucose Tolerance Test (Extended)	GTTE	5x G 5x **RU**	1 day	125
Glucose Tolerance with Growth Hormone	GTT + GHDF	3x B[35] 3x G 3x **RU**	1 day	125
Glucose Tolerance with Insulin	GTTI	3x B 3x G 3x **RU**	1 day	125
Glucose Tolerance Test / OGTT	GTT	3x G 3x **RU**	1 day	125
Glutamic Acid Decarboxylase Antibodies (GAD 65)	GAD	B	5 days	74
Glutathione (Red Cell)	GLUR	H[5]	5 days	140
Glutathione Peroxidase	GLPX	H	5 days	140
Gluten Allergy Profile	GLUT	A B B	10 days	74, 77, 130
Gluten Sensitivity Evaluation	GSA	B	2 days	74, 77
Gluten/Coeliac Profile 2	GSA2	A B	10 days	74, 77
Glycan Determinants	ZZ27	B	2 days	137
Gonorrhoea (Culture)	GONN	**CS**‡‡‡	2-3 days	36, 61
Gonorrhoea (PCR swab)	SGON	**PCR**	2 days	61
Gonorrhoea (Thin Prep)	TGON	**TPV**	2 days	61, 156
Gonorrhoea (Urine)	CGON	**FCRU**	2 days	61
Granulocyte Immunology	GRIM	A A	2 weeks	74
Group B Strep	GBS	2x **STM**	3-4 days	36
Growth Hormone (Fasting)	GH	B[7,35]	4 hours	45
Gut Hormone Profile	GUTP	A A (Frozen within 15 minutes)[41]	3 weeks	45
H. pylori Antibodies (IgG)	HBPA	B	2 days	74
H. pylori Antigen (Breath)	HBQT	**J**	5 days	74
H. pylori Antigen (Stool)	HBAG	**RF**	3 days	74
H. pylori Culture	HPCU	**J**	3 weeks	36
Haematology Profile	PP3	A	4 hours	20, 32, 35
Haemochromatosis – HFE common mutations C282Y + H63D	HMD	A[9]	3 days	26, 34, 109
Haemoglobin	HB	A	4 hours	32
Haemoglobin Electrophoresis	HBEL	A	4 days	34
Haemophilus ducreyi by PCR	DUCR	**PCR**	7 days	61
Haemophilus Influenzae B Antibodies	HINF	B	7 days	74
Haemosiderin (Urine)	HSID	**EMU**	2 weeks	26
Hair Mineral Analysis	HMA	**2g (2 tbsp) of hair close to scalp**	10 days	140
Hams Test for PNH (CD59)	HAMS	**J**[34,5]	5 days	34
Hantavirus Serology	HANV	B[9]	10 days	92
Haptoglobin	HAPT	B	5 days	26

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Harmony® Prenatal Test (Non-Invasive Prenatal Testing) – common aneuploidy screening from maternal blood	NIPT	**J/Special tubes**[1]	3-5 days	109, 120-123
Harmony® Prenatal Test (Non-Invasive Prenatal Testing) – common aneuploidy screening from maternal blood plus 22q11.2 del	NIPQ	**J/Special tubes**[1]	3-5 days	109, 120-123
Hazelnut Components	ZZ11	B	2 days	137
HbA1c	GHB	A	6 hours	26
HDL Cholesterol	HDL	B	4 hours	26
HDL2 & HDL3 Fractions	HDLF	B	3 weeks	26
HE4 + ROMA	HE4	B	1 day	95
Hepatitis (Acute) Screen	AHSC	B	4 hours	86
Hepatitis A (IgM)	HAVM	B	4 hours	86
Hepatitis A Immunity (IgG/IgM)	HAIM	B	4 hours	85 85-86
Hepatitis A Profile	HEPA	B	4 hours	61, 86
Hepatitis A RNA by PCR	HAVR	A or B	3 weeks	86
Hepatitis A, B & C Profile	ABC	B	4 hours	86
Hepatitis B 'e' Antigen and Antibody	HEPE	B	4 hours	86
Hepatitis B (PCR) Genotype	BGEN	A	7 days	86
Hepatitis B Core Antibody – IgM	HBCM	B	4 hours	86
Hepatitis B Core Antibody – Total	HBC	B	4 hours	86
Hepatitis B DNA (Viral load)	DNAB	A	5 days	86
Hepatitis B Immunity	HBIM	B	4 hours	85-86
Hepatitis B Profile	HEPB	B	4 hours	86
Hepatitis B Resistant Mutation	HBRM	A or B	7 days	86
Hepatitis B Surface Antigen	AUAG	B	4 hours	61, 86
Hepatitis C Abs Confirmation (RIBA)	RIBA	B	5 days	86
Hepatitis C Antibodies	HEPC	B	4 hours	61, 86
Hepatitis C Antigen (Early detection)	HCAG	B	4 hours	61, 86
Hepatitis C Genotype	CGEN	A	5 days	86
Hepatitis C Quantification (Viral Load)	QPCR	A or B	5 days	86
Hepatitis Delta Antibody	HEPD	B	5 days	86
Hepatitis Delta Antigen	HDAG	B	5 days	86
Hepatitis Delta RNA	DRNA	A (Frozen plasma)	5 days	86
Hepatitis E (PCR)	EHEP	A	2 weeks	86
Hepatitis E IgG/IgM	HBE	B	5 days	86
Hepatitis G (PCR)	HEPG	A (Frozen plasma)	2 weeks	86
Herpes Simplex I/II Antibody Profile (IgG)	HERP	B	2 days	92
Herpes Simplex I/II by PCR	HERD	**FCRU/PCR/TPV**	4 days	92, 156
Herpes Simplex I/II by PCR (Swab)	HERS	**PCR**	5 days	61, 92
Herpes Simplex I/II by PCR (Urine)	HERD	**FCRU/PCR/TPV**	4 days	61
Herpes Simplex I/II IgM	HERM	B	2 days	92

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TEST	CODE	SAMPLE REQS	TAT	PAGE
HFE gene (Haemochromatosis) – common mutations C282Y + H63D	HMD	A[9]	3 days	34, 110
Hirsutism Profile	HIRP	B	4 hours	45, 51
Histamine	HITT	A (Frozen plasma)	5 days	74
Histamine (Urine)	HITU	**RU**	5 days	74
Histamine Releasing Urticaria Test	CURT	B	10-14 days	74, 130
Histone Antibodies	HISA	B	5 days	74
Histopathology				164-168
Histoplasmosis	HISP	B	10 days	74
HIV 1 & 2/p24Ag	HDUO	B	4 hours	61, 90
HIV 1 Proviral DNA	HIVP	A Whole blood	7 days	90
HIV Confirmation of Positive Screens (Using 3 methodologies)	HIVC	B	1 day	90
HIV Rapid RNA HIV-1 QUALITATIVE	LHIV	A	4 hours	61, 72, 90-91
HIV Rapid RNA HIV-1 QUANTITATIVE	RHIV	A	4 hours	61, 72, 90-91
HIV Screening: HIV1& 2 Abs/p24 Ag (4th Gen)	HDUO	B	4 hours	61, 90
HIV Therapeutic Drug Monitoring	TDM	**J**	21 days	90
HIV-1 Genotypic Resistance (Integrase)	INTE	A A (2x6ml whole blood)	10 days	90
HIV-1 Genotypic Resistance (RT & Protease)	HIVD	A A (2x6ml whole blood)	10 days	90
HIV-1 RNA Viral Load by PCR	HIV1	A A (2x6ml whole blood)	3 days	90
HIV-1 Tropism	TRPM	A A (2x6ml whole blood)	28 days	90
HIV-2 RNA by PCR	HIV2	A	21 days	90
HIV/HBV/HCV (Early detection by PCR/NAAT) with Syphilis	STXX	B A 10mls or 2x4mls	3 days	61, 71
HIV/HBV/HCV Screen by PCR/NAAT (10 days post exposure)	STDX	A 10mls or 2x4mls	3 days	61, 71, 90-92
HLA B*57:01	HL57	A[9]	10 days	90
HLA B27	HLAB	A[9]	3 days	74, 110
HLA DQ Alpha Antigens	10RF	A A	2 weeks	48
HLA DQ Beta Antigens	11RF	A A	2 weeks	48
HLA DR Antigens	9RF	A A	2 weeks	48
HLA Tissue Typing A	HLA	A[9]	10 days	110
HLA Tissue Typing A/B/C/DRB1/3/4/5/DQB1 (Class I & II)	HLFC	A[9]	10 days	110
HLA Tissue Typing A/B/DRB1/3/4/5	HLAF	A[9]	10 days	110
HLA Tissue Typing A/B/DRB1/3/4/5/DQB1	HLF	A[9]	10 days	110
HLA Tissue Typing A+B	HLBA	A[9]	10 days	110
HLA Tissue Typing A+B+C (Class I)	HABC	A[9]	10 days	110
HLA Tissue Typing B	HLB	A[9]	10 days	110
HLA Tissue Typing B*27 only	HLAB	A[9]	3 days	72, 110
HLA Tissue Typing B*51 (Behcet's Disease)	B51	A[9]	10 days	110
HLA Tissue Typing B*57:01 high resolution	HL57	A[9]	10 days	110
HLA Tissue Typing C	HLC	A[9]	10 days	110

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TEST	CODE	SAMPLE REQS	TAT	PAGE
HLA Tissue Typing Coeliac Disease – DQ2/DQ8	Q2Q8	A[9]	10 days	110
HLA Tissue Typing DRB1/3/4/5	DRB1	A[9]	10 days	110
HLA Tissue Typing DRB1/3/4/5/DQB1 (Class II)	HLDQ	A[9]	10 days	110
HLA Tissue Typing Narcolepsy – DQB1*06:02	GENE	A[9]	4 weeks	110
Homocysteine (Quantitative)	HOMO	B[17]	1 day	26
Homocysteine (Urine)	HCYS	**CU**	2 weeks	26
Homovanillic Acid (HVA)	HVA	**PU**	5 days	26
House Dust Mite Components	ZZ12	B	2 days	137
HPV (mRNA HR-HPV)	HPV	**TPV**	2-3 days	61, 158
HPV (Individual low & high risk DNA subtypes)	HP20	**TPV/PCR**	2-3 days	61, 158
HPV (DNA and reflexed mRNA)	HPVT	**TPV**	3 days	61, 158
HRT Profile 1	HRT	B	4 hours	45, 51
HRT Profile 2	HRT2	B G	4 hours	45, 51
HTLV 1& 2 Abs. (Human T Lymphotropic Virus Type I-II)	HTLV	B	8 hours	90
HTLV by PCR	HTLP	A Whole blood	21 days	90
Hughes Syndrome	LUPA	B C[4,18]	2 days	33
Human Anti-Mouse Antibodies	HAMA	B (Frozen)	6 weeks	74
Human Herpes Virus – 6 by PCR	HHV6	A	5 days	92
Human Herpes Virus – 8 (IgG)	HHV8	B	10 days	92
Human Herpes Virus – 8 by PCR	HV8D	A	5 days	92
Human Parvovirus B19 – DNA	PCRP	A	2 weeks	92
HVS	HVS	**STM**‡‡‡‡	2-4 days	36
Hyaluronic Acid	AHT	B	1 week	26
Hydroxybutyrate Dehydrogenase	HBD	B (Frozen)	1 week	26
Hydroxyprolene	UHYD	**CU**	2 weeks	26
Identity Profile (DNA) – 15 STR markers	DNAF	A[9,11]	10 days	111
IgE (Total)	IGE	B	1 day	29, 74, 130
IGF-1 (Somatomedin)	SOMA	B (Frozen)[4]	1 day	45
IGF-BP3	IGF3	B (Frozen)[4]	5 days	46
IgG Subclasses	IGSC	B	4 days	26
Imipramine	IMIP	A[4]	4 days	126
Immune Function Evaluation (Total)	TIE	A or **Chex+** B[5,10]	7 days	32
Immune-Complexes	IMCP	B	5 days	74
Immunoglobulin A	IGA	B	4 hours	26
Immunoglobulin D	IGD	B	5 days	27
Immunoglobulin E – Total	IGE	B	1 day	27
Immunoglobulin G	IGG	B	4 hours	27
Immunoglobulin M	IGM	B	4 hours	27
Immunoglobulins (IgG, IgM, IgA)	IMM	B	4 hours	27, 74
Impotence Profile	IMPO	A B B G	3 days	46, 50
Inhibin A	INIA	B	1 month	46
Inhibin B	INIB	B (Day 3 of cycle,frozen)	5 days	46

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	TEST	CODE	SAMPLE REQS	TAT	PAGE
	Inner Ear Antigen (Ottoblot)	IEA	B	3 weeks	74
	INR	PTIM	C[18]	4 hours	32
	Insect/Worm/Ova/Cysts	FLEA	**Send Specimen**[9,14]	5 days	81
	Insulin	INSU	B	4 hours	46
	Insulin Antibodies	INAB	B	5 days	74
	Insulin Resistance (Fasting)	FIRI	B G	4 hours	46
	Insulin-Like Growth Factor 2	IGF2	B[6]	1 month	27
	Interferon – Alpha	IFA	B (frozen)[9]	3 weeks	75
	Interferon – Gamma	IFG	A (frozen)	3 weeks	75
	Interleukin 1 Beta	ILB	B (frozen)[4,7]	1-2 weeks	75
	Interleukin 2	IL2	B (frozen)[4,7]	1-2 weeks	75
	Interleukin 4	IL4A	B (frozen)[4,7]	1-2 weeks	75
	Interleukin 6	IL6	B (frozen)[4,7]	1-2 weeks	75
	Interleukin 8	IL8	B (frozen)[4,7]	1-2 weeks	75
	Interleukin 10	IL10	B (frozen)[4,7]	1-2 weeks	75
	Interleukin 28b Genotype	IL28	A	2 weeks	75
	Intrinsic Factor Antibodies	IFAB	B	2 days	75
	Iodide – Urine	UIOD	**RU**	1 week	27
	Iodine – Serum	IODI	B	1 week	27
	Ionised Calcium	ICPA	B	5 days	27
	Iron (TIBC included)	FE	B	4 hours	27
	Iron Overload Profile	IOP	A A B[9]	3 days	27, 30, 111, 124
	Iron Status Profile	ISP	B	4 hours	27, 30
	ISAC Panel	ISAC	B	3 days	130-131
	Islet Cell Antibodies	ICAB	B	2 days	75
	Isocyanates – Urine	ISOC	**J**[6]	3 weeks	152
	IUCD for Culture	IUCD	**Send Device**	11-12 days	36
	JAK2 V617F genotyping assay	JAK2	A	2 weeks	111
	JC Polyoma Virus by PCR	JCPV	A / B / **CSF**	5 days	93
	Jewish / Pan-ethnic carrier screening	ASHJ	A[9]	4 weeks	104, 111, 119, 124
	Ketamine Screen	KETA	**RU**	7-10 days	149
	KIR (Killer-like Immunoglobulin-like Receptors) Genotyping	17RF	A A A	2-3 weeks	48
	Kiwi Components	ZZ32	B	2 days	137
	Kryptopyrroles (Urine)	KRYP	**RU**[6]	10 days	140
	Lactate (Plasma)	LACT	G[16]	1 day	27
	Lactate Dehydrogenase (LDH)	LDH	B	4 hours	27
	Lactate Pyurvate Ratio	LPR	**J**[1]	4-6 weeks	27
NEW	**Lactose Intolerance Gene**	LACG	A	2 weeks	111
	Lactose Tolerance Test	LTT	By appointment only	1 day	125
	Lamotrigine	LAMO	B[4]	5 days	126

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Lymphocyte Subsets (CD3/CD4/CD8)	LYSS	A[10]/Chex	1 day	32, 90
Lymphogranuloma Venerium (LGV)	LGVP	PCR*[42]	1-2 weeks	61
Lysosomal Enzyme Screen	LE	H H[6]	2 months	27
Lysozyme	LYSO	B	5 days	27
Macrolide Resistance Test (Mgen)	MGR	FCRU/PCR	1-2 weeks	61
Macroprolactin	PRLD	B	4 days	46
Magnesium (Serum)	MG	B	4 hours	27, 151
Magnesium (Urine)	URMG	PU	1 day	27, 152
Magnesium (Whole blood)	RCMG	A or H	4 days	140
Malarial Antibodies (Pl. falciparum)	MALA	B[9,14]	5 days	81
Malarial Antibodies (species specific)	MALS	B[9,14]	10 days	81
Malarial Parasites	MALP	A[4,9,14]	STAT	32
Male Genetic Reproductive Profile	GRP	A H[9]	10-15 days	109, 112, 124
Male Hormone Profile	MIPR	B	4 hours	46, 50
Manganese (Serum)	MANG	B	5 days	27, 151
Mannose Binding Lectin	MBL	B	3 weeks	27
MBOCA in Urine	MBOC	RU	10 days	152
Mean Cell Volume (MCV)	MCV	A	4 hours	32
Measles Antibodies (IgG) Immunity	MEAS	B	1 day	85, 93
Measles Antibodies (IgM)	MEAM	B[9]	2 days	85, 93
Measles PCR	MEAP	Buccal swab	48 hours	93
Measles, Mumps, Rubella (MMR)	MMR	B	1 day	85
Melanin	MELA	RU[13]	5 days	46
Melatonin (Serum)	MEL	B (Frozen)	5 days	46
Melatonin (Urine)	UMEL	CU[13]	2 weeks	46
Meningococcal Abs	MENI	B	2-4 weeks	75
Menopause Profile	MENO	B	4 hours	46, 51
Mercury (Blood)	MERC	A or H	5 days	27, 151
Mercury (Urine)	URHG	RU[1]	5 days	27, 152
MERS Coronavirus Test	MERS	J	1 day	93
Metabolic Syndrome Profile	METS	A B B G	9 days	46, 51
Metanephrines (Plasma)	PMET	A (Frozen plasma)	7 days	46
Metanephrines (Urine)	UMEX	PU[1]	5 days	46
Methaemoglobin	METH	A	3 days	27
Methaqualone	METQ	RU	5 days	27
Methotrexate	METX	B	2 days	126
Methylmalonic Acid – Serum	MMAS	B	5 days	27
Methylmalonic Acid – Urine	MMA	CU	2 weeks	27
Metronidazole Level	METR	B[4]	7 days	125
Microalbumin (Urine)	UMA	RU	4 hours	27
Microdeletion (common) Syndromes – BOBs only	PBOB	CVS/AF/A[9]	5 days	112

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Microfilaria Blood Film	MICF	A	STAT	32
Miller-Dieker Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	**CVS/AF/**A H[9]	5-15 days	112
Miller-Dieker Syndrome – BOBs only	PBOB	**CVS/AF/**A[9]	5 days	112
Mineral Screen	MINE	B K	5 days	139-140
Mineral Screen (Whole blood)	RMIN	H H	5 days	139-140
Mineral Screen and Industrial Heavy Metal Screen (Trace Metals)	TRAC	A B H K	7-10 days	140, 151
Miscarriage/Thrombotic Risk Profile	PROP	A A B C C C[18]	5 days	33, 35, 124
Mitochondrial Antibodies	AMIT	B	2 days	75
Mitochondrial Antibodies M2	MAM2	B	2 days	75
Molybdenum (Serum)	MOLY	B	5 days	152
MRSA (Rapid PCR) one swab per site	MRSA	**Blue Micro Swab**	4 hours	36
MRSA Culture one swab per site	MRSW	**Blue Micro Swab**	2 days	36
Mucopolysaccharides	MPS	**RU** (Frozen)	3 weeks	28
Mumps Antibodies (IgG)	MUMP	B	1 day	85
Mumps Antibodies (IgM)	MUMM	B	1 day	85, 93
Myasthenia Gravis Evaluation	MGE	B	5 days	75
Mycology/Skin Scrapings by PCR	DERM	**Submit Sample**	3-7 days	36
Mycophenolic Acid (Cellcept)	MYCP	A	5 days	126
Mycoplasma genitalium by PCR	MGEN	**FCRU/PCR/TPV**	2 days	61, 156
Mycoplasma genitalium/Ureaplasma by PCR	MUPC	**FCRU/PCR/TPV**	2 days	61
Mycoplasma pneumoniae IgM and IgG	MYCO	B	2 days	93
Mycoplasma species – DNA	MPCR	A	5 days	93
Mycoplasma/Ureaplasma Culture				36
Myelin Associated Glycoprotein Antibodies	MAG	B	5 days	75
Myelin Basic Protein Antibodies	MBPA	B	2 weeks	75
Myeloma Screen	MYEL	A B G **RU**	5 days	28, 30
Myeloperoxidase Antibodies	MPO	B	2 days	75
Myocardial Antibodies	MYO	B	1 week	75
Myoglobin (Serum)	SMYO	B	4 hours	28
Myoglobin (Urine)	UMYO	**RU**	5-10 days	28
Myositis Panel	MYOS	B	2 days	75
Mysoline (Primidone)	PRIM	B[4]	3 days	126
N. Gonorrhoea	TGON	**TPV**	2 days	61, 156
Nail Clippings	DERM	**Nail clippings**	3-7 days	36
Natural Killer Profile 2	NKP2	A	2 days	32, 35
Needle Stick Injury Profile	NSI	B B	4 hours	85
Neurological Viral Screen	NVIR	B B	2 days	93-94
Neuronal Antibody (Hu, Ri, Yo, Cv2, Ma2)	NEUR	B	10 days	75
Neurone Specific Enolase	NSE	B	5 days	95
Newborn Screening Panel	GUTH	**J**[1]	2 weeks	28
Nickel (Serum)	NICK	B	5 days	28, 151

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Nickel (Urine)	NICU	**RU**	5 days	28, 152
NK (CD69) and NK Cytotoxicity	69C	H H H*	Send Mon-Thurs only	49
NK (CD69) Cell Assay	CD69	H*	send Mon – Thurs only	49
NK Assay Follow-Up Panel	5RF	H H H	1 week	48
NK Assay Panel + Intralipids	16RF	H H H	1 week	48
NK Assay/Cytotoxicity Panel	4RF	H H H	1 week	48
NK Cytotoxicity Assay	HSNK	H H H*	Send Mon-Thurs only	49
NK Cytotoxicity with suppression, steroid, IVIg & Intralipin	NKCY	H H H*	Send Mon-Thurs only	49
NK Cytotoxicity with suppression with steroid, IVIg and intralipin, and NK (CD69) cell assay	69CI	H H H*	Send Mon-Thurs only	49
NMDA Receptor Antibodies	NMDA	B	3 weeks	75
NMP22 (Bladder tumour)	NMP	**J**[1]	4 days	28, 95
Non-Invasive Prenatal Testing – common aneuploidy screening from maternal blood	NIPT	**J / Special tubes**[1]	3-5 days	113, 120-123
Non-Invasive Prenatal Testing – common aneuploidy screening from maternal blood plus 22q11.2 del	NIPQ	**J / Special tubes**[1]	3-5 days	113, 120-123
Nucleic Acid Antigen Antibodies	DNA	B	2 days	75
Oestradiol (E2)	OEST	B	4 hours	46
Oestriol (Estriol)	E3	B B	4 days	46
Oestrone	E1	B B	4 days	46
Olanzapine	OLAN	A[4]	5 days	126
Oligoclonal Bands	CSFO	**CSF** + B	5 days	75
Oligosaccharides	UOLI	**RU**	6 weeks	28
Olive Components	ZZ14	B	2 days	137
Omega 3/Omega 6	OMG3	A[4]	4 days	140-141
Opiate Screen (Urine)	UOPI	**RU**	2 days	149
Orosomucoid (A1AG – Alpha 1 Glycoprotein)	OROS	B	5 days	28
Osmolality (Serum)	OSMO	B	1 day	28
Osmolality (Urine)	ROSM	**RU**	1 day	28
Osteocalcin	OST	B (Frozen)[4]	4 days	46, 95
Osteoporosis Screen	OPS	B B	4 days	28, 31
Ovarian Autoantibodies	OVAB	B	2 days	75
Oxalate (Plasma)	POXA	A (Frozen)	7 days	28
Oxalate (Urine)	UOXA	**PU**	5 days	28
Oxidative Stress in Semen (ROS + MIOXSYS)	SROS	**Semen**[1]	1 day	57
PAI1 4G/5G Polymorphism	PAIP	A	10 days	32
Pan-Ethnic/Jewish Carrier Screening	GENE	A[9]	4 weeks	114, 119, 124
Pancreatic Peptide	PP	**J**	4 weeks	28

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TEST	CODE	SAMPLE REQS	TAT	PAGE
PAPT and HPV	PAPT +HPV	**TPV**	2-3 days	158
Paracetamol	PARA	B	4 hours	126
Paragomius Serology	PRGM	B	2 weeks	75
Parathyroid Antibodies	PTHA	B	1 week	75
Parathyroid Hormone (Whole)	PTHI	B[4]	1 day	46
Parathyroid Related Peptide	PTRP	**J**[1]	2 weeks	28
Parvalbumins	ZZ29	B	2 days	137
Parvovirus Antibodies (IgM)	PARV	B	2 days	93
Parvovirus DNA by PCR	PCRP	A	2 weeks	93
Parvovirus IgG Antibodies	PARG	B	2 days	93
Parvovirus IgG/IgM Abs	PARP	B	2 days	93
Paternity Testing (postnatal and prenatal) – sample required from each person being tested (3 people)	PATT	A/**AF**/**CVS**[9,11,12] **Contact lab**	5 days	114
Paul Bunnell (Monospot)	PAUL	A or B	8 hours	32
Peach Components	ZZ15	B	2 days	137
Peanut Components	ZZ16	B	2 days	137
Pemphigus/Pemphigoid Autoantibodies	SKAB	B	2 days	75
Penicillin Antibiotic Panel (BaHRT)	RDP2	H H	3 days	138
Perioperative Anaphylaxis Panel (BaHRT)	RDP1	H H	3 days	138
Pertussis (Whooping Cough) Antibodies	PERS	B	5 days	85
PEth (Phosphatidylethanol)	PETH	A[38]	5-7 days	28, 149
Pethidine – Urine	UPET	**RU**	4 weeks	152
Phelan-McDermid Syndrome – karyotype + FISH	KARY, FISH	**CVS**/**AF**/H[9]	12-17 days	114
Phencyclidine (PCP)	DUST	**RU**	5 days	28
Phenobarbitone	PHB	B	4 hours	126
Phenytoin (Epanutin)	PHEN	B	4 hours	126
Phosphate	PHOS	B	4 hours	28
Phosphate (24 hr Urine)	UPH	**PU**	4 hours	28
Pituitary Antibodies	PITU	B[4]	1 month	75
Pituitary Function Profile	PITF	B B	1 day	46, 51
PLAC Test (Lp-PLA2)	PLA2	B	2 days	28
Plasma Viscosity	VISC	A[4]	3 days	33
Plasminogen	PLAS	C (Frozen plasma)[4]	5 days	28
Plasminogen Activator Inhibitor – 1	PAI1	C (Frozen plasma)	2 weeks	28
Platelet Aggregation Studies	PLAG	**J**[5,6]	3 days	33
Pleural Fluid for Culture	FLUP	**SC**	7 days	36
Pneumococcal Antibodies – Serotype Specific	PASS	B	5 weeks	75
Pneumococcal Antibody Screen	PNEU	B	7 days	75, 85
Pneumococcal Antigen	PNAG	**RU**	1 day	36
Pneumocystis Jiroveci (PCP) Examination	PCYS	**BAL**‡‡	2-3 days	37
Pneumonia (Atypical) Screen	APS	B	2 days	93-94

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Polcalcins	ZZ25	B	2 days	137
Polio Virus 1, 2, 3 Antibodies	POLO	B[9]	15 days	85
Polycystic Ovary Syndrome Profile	PCOP	A B B B G[7]	5 days	46, 51
Polycystic Ovary Syndrome SHORT	PCOS	B G	4 hours	46, 51
Porphyrin (Blood)	PORP	A[3]	15 days	28
Porphyrins (Faeces)	FPOR	**RF**[3]	3 weeks	28
Porphyrins Full Screen (Total: Urine, Stool, Blood)	PORS	A **RU,RF**[3]	3 weeks	28
Porphyrins Screen (Urine)	RPOR	**RU**[3]	3 weeks	28
Post-Travel Screen 1	PTS	A A B G[14]	10 days	81-82
Post-Travel Screen 2	PTS2	A A B B B G[14]	10 days	81-82
Postnatal array CGH	CGH	A H[9]	10 days	118
Potassium	K	B	4 hours	28
PR-10 Proteins	ZZ22	B	2 days	137
Prader-Willi Syndrome (Primary Screen) – methylation PCR	PWAM	A[9]	5 days	114
Pre-Travel Screen (DVT)	DVT1	A A B[9]	5 days	32, 35, 81-82, 107, 124
Prealbumin	PALB	B	3 days	130
Pregnancy (Serum) [Quantitative]	QHCG	B	4 hours	28, 46
Pregnancy Test (Urine)	PREG	**RU**	4 hours	28
Pregnanetriol (Urine)	UPTR	**CU** (Frozen)	5 days	46
Pregnenolone	PREN	B	15 days	46
Prenatal array CGH	CGH	**Amniotic fluid** or **CVS**[9]	10 days	118
Primidone (Mysoline)	PRIM	B[4]	3 days	126
Procalcitonin	PCAL	B (Frozen)[4,7]	1 day	28
Procollagen 1 Peptide N-Terminal (NTX)	P1NP	B	5 days	28
Procollagen III Peptide	PRCO	B	5 days	28
Product of Conception – rapid BOBs aneuploidy diagnosis for all chromosomes (5 days) + culture (25 days)	PBK	**Placental Sample**[1,9]	5-25 days	115, 124
Product of Conception BOBs only – rapid aneuploidy diagnosis for all chromosomes	KBOB	**Placental Sample or Solid Tissue**[1,9]	3-6 days	115
Profilins	ZZ24	B	2 days	137
Progesterone	PROG	B	4 hours	46
Proinsulin	PROI	A (Plasma Frozen)[4]	5 days	46
Prolactin	PROL	B	4 hours	46
Prolactin (Macro)	PRLD	B	4 days	46
Propanalol	PRO	B[4]	7 days	127
Propoxyphene	DPRO	**RU**	5 days	28
Prostate Profile (Total & Free PSA)	PR2	B	4 hours	95
Prostate Specific Antigen (Total)*	PSPA	B	4 hours	95
Prostatic Acid Phosphatase	PACP	B (Frozen)	3 days	28

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Protein (Urine)	UPRT	**CU**	4 hours	28
Protein 14.3.3 (Creutzfeldt–Jakob Disease)	CJD	**CSF** (Frozen)	5 weeks	28
Protein C	PRC	C (Frozen)[4,9,18]	3 days	33
Protein Electrophoresis incl. immunoglobin	PRTE	B	2-4 days	28
Protein S Free Ag	FPRS	C (Frozen)[4,9,18]	3 days	33
Protein Total (Blood)	PROT	B	4 hours	28
Protein/Creatinine Ratio (Urine)	UCPR	**RU**	4 hours	28
Proteinase 3 Ab	PR3	B	2 days	75
Prothrombin Time	PTIM	C[18]	4 hours	32
Prothrombin Time + Dose	PT+D	C[18]	4 hours	32
Purkinje Cell Antibody (Hu and Yo)	NEUR	B	10 days	75
Pyruvate Kinase (M2-PK)	M2PK	A	5 days	95
Pyruvate Kinase (M2-PK)	M2ST	**RF**[4]	5 days	95
Q Fever (C Burnetti) Antibodies	QFEV	B[9]	10 days	93
QF-PCR rapid common aneuploidy screen	APC	**AF**/A[9]	1-2 days	115
Rabies Antibody	RABI	B	10 days	85
Rapid Strep (incl. m/c/s)	RAPS	**STM****	1-3 days**	36
Recurrent Miscarriage Profile (female)	RMP	AABCCCH[9,18]	10-15 days	115, 124
Renal Calculi Screen (Metabolic)	RSPR	**J**[6]	5 days	28
Renal Stone Analysis	RSTA	**STONE**	10 days	28
Renin	RENI	A (Frozen plasma)[36]	5 days	46
Reproductive Immunophenotype Panel	3RF	HHH	1 week	48
Reticulocyte Count	RETC	A	4 hours	32
Retinol Binding Protein	RBP	B	3 days	28
Retrograde Ejaculation	RTRO	**Contact Lab**	2 days	57
Reverse T3	RT3	B[7,37]	10 days	46
Rheumatoid Factor (Latex Test)	RF	B	1 day	75
Rheumatology Profile 1 (Screen)	RH	AB	2 days	75, 80
Rheumatology Profile 2 (Connective tissue)	RH2	AABB	3 days	76, 80
Rheumatology Profile 3 (Rheumatoid/Basic)	RH3	AB	2 days	76, 80
Rheumatology Profile 4 (Systemic Lupus)	RH4	ABB	2 days	76, 80
Rheumatology Profile 5 (Mono Arthritis)	RH5	AABB	3 days	76, 80
Rheumatology Profile 6 (Rheumatoid Plus)	RH6	B	2 days	76, 80
Rheumatology Profile 7 (Sjogren's Syndrome)	RH7	B	2 days	76, 80
Rhinitis Provoking Profile	ALRN	B	2 days	130
Rickettsial Species Antibody Profile	RICK	B	7 days	76, 81
Risperidone	RISP	A[4]	7 days	127
Rotavirus in Stool by PCR	ROTA	**RF**	1 day	93
RPR (VDRL)	RPR	B	2 days	61, 76
Rubella Antibody (IgG)	RUBE	B	4 hours	85, 93
Rubella Antibody (IgM)	RUBM	B	4 hours	85, 93
Rubella Avidity	RUAV	B	1 week	93

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Rubella PCR	RUBP	A/**Amniotic Fluid**	5 days	85
S100 Malignant Melanoma	S100	B	4 days	95
Saccharomyces Cerevisiae Antibodies	ASCA	B	2 weeks	76
Salicylates	SALI	B	4 hours	29
Salivary Duct Antibodies	SAB	B	12 days	74
Sanjad-Sakati (Kenny-Caffey) Syndrome – common 12bp TBCE gene deletion	TBC	A[9]	10 days	115
Schistosoma (Urine)	USCH	**Mid-morning terminal urine**	8 hours	37
Schistosome (Bilharzia) Antibodies	BILH	B[14]	10 days	81
Schistosome Antigen	SHAG	B	15 days	81
Scleroderma Immunoblot	SCL1	B	5 days	76
Screening Profile 1 – Biochemistry	PP1	BG	4 hours	20
Screening Profile 2 – Haematology/ Biochemistry	PP2	ABG	4 hours	20
Screening Profile 3 – Haematology	PP3	A	4 hours	20, 32, 35
Screening Profile 4 – Haematology/ Biochemistry (Short)	PP4	ABG	4 hours	20
Screening Profile 5 – Haematology/ Biochemistry (Postal)	PP5	ABG	4 hours	20
Screening Profile 6 – Well Person	PP6	ABG	4 hours	20
Screening Profile 7 – Well Man	PP7	ABG	4 hours	21
Screening Profile 8 – Well Person	PP8	ABG	2 days	21
Screening Profile 9F – Senior Female	PP9F	ABBG **RU RF**[4]	2 days	21
Screening Profile 9M – Senior Male	PP9M	ABBG **RU RF**[4]	2 days	21
Screening Profile 10 – Cardiovascular Risk 1	PP10	BB	3 days	21, 24, 31
Screening Profile 11 – Cardiovascular Risk 2	PP11	BBBC[34]	3 days	21, 24, 31
Screening Profile 12 – Sexual Health Screen	PP12	**FCRU/PCR/TPV/Semen**	2 days	21, 61, 71
Seed Storage Proteins	ZZ26	B	2 days	137
Selenium (Serum)	SELE	B	4 days	29, 140
Selenium (Whole Blood)	SELR	A or H	4 days	29, 140
Sellotape Test	SELL	**Send Sample*****	1 day	37
Semen Analysis, Comprehensive*	SPER	**Semen**[1]	2 days*	57
Semen Analysis, Post-Vasectomy**	PVAS	**Semen**[1]	2 days	57
Semen Analysis, Vasectomy Reversal*	SPER	**Semen**[1]	2 days*	57
Semen Culture	SPCU	**Semen**	2-4 days	37, 57
Semen Fructose	SPCF	**Semen**	2 days	57
Semen Leucocytes	PMNS	**Semen**	2 days	57
Semen Parameters	SPOD	**Semen**[1]	1 day	57
Semen Zinc	SPCZ	**Semen**	up to 10 days	57
Serotonin	SERT	H (Frozen whole blood)[1]	10 days	46
Serotonin (Urine)	USER	**PU** 50mls (Frozen)[1]	5 days	46
Serum Albumins	ZZ30	B	2 days	137
Serum Free Light Chains	SLC	B	1 week	29

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Sex Hormone Binding Globulin	SHBG	B	4 hours	46
Shrimp Components	ZZ17	B	2 days	137
Sickle Solubility	SICK	A	4 days	34
Silver (Blood)	SILV	B	5 days	29, 151
Silver (Urine)	USIL	**RU**	5 days	29, 152
Sinequan (Doxepin)	DOXE	A	10 days	127
Single specialist drug allergy testing	RSD	H H	3 days	138
Sirolimus	SIRO	A	3 days	127
Sjogren's Syndrome	RH7	B	2 days	76, 80
Skin (Pemphigus/Pemphigoid) Autoantibodies	SKAB	B	2 days	76
Skin Antibodies by Immunofluorescence	STSK	B	1 month	76
Skin Scrapings/Mycology by PCR	DERM	**Send Sample**	3-7 days	37
Sleeping Sickness Serology (African Trypanosomiasis)	TRYP	B[9]	10 days	93
Smith-Magenis Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	**CVS/AF/** A H[9]	5-15 days	116
Smith-Magenis Syndrome – BoBs only	PBOB	**CVS/AF/** A[9]	5 days	116
Smooth Muscle Antibodies	ASMO	B	2 days	76
Sodium	NA	B	4 hours	29
Somatomedin (IGF-1)	SOMA	B (Frozen)[4]	1 day	46
Soybean Components	ZZ18	B	2 days	137
Specific Gravity (Urine)	USG	**RU**	24 hours	37
Sperm Aneuploidy	SPPL	**Semen**[1]	4 weeks	57
Sperm Antibodies (Serum)	ASAB	B	5 days	57, 76
Sperm Antibodies/ MAR Test (Semen)†	ASPA	**Semen**	1 day	57
Sperm Comet®	CMET	**Semen**	1-2 weeks	57
Sperm Count (Post-Vasectomy)	PVAS	**Semen**[1]	2 days	57
Sperm DNA Fragmentation (SCSA)	SEXT	**Semen**[1]	1-2 weeks	57
Sperm Morphology (Kruger strict criteria)	MRPH	**Semen**[1]	2 days	57
Spinal Muscular Atrophy – SMN1 deletions/duplications	SMA	A[9]	10 days	116
Sports/Performance Profile	SPOR	A A A B B B B G K[4]	5 days	139-140
Sputum for Routine Culture	SPU1	**SC**	2-4 days	37
Sputum for TB Culture (AFB)	SPU2	**SC**	up to 8 weeks	37
Squamous Cell Carcinoma	SCC	B	4 days	95
SRY (Sex-determining Region Y)	SRY	A[9]	2 days	116
STD1 M/F STD Quad	STD1	B **FCRU**	2 days	61, 70
STD2 M/F STI Profile Plus (Urine and Serology)	STD2	B, **FCRU** (If culture swabs are needed please request separately)	4 days	61, 70
STD3 Female STD Quad (PCR Swab and Serology)	STD3	B **PCR**	2 days	62, 70
STD4 Female STI Profile Plus (PCR Swab and Serology)	STD4	B **PCR** (If culture swabs are needed please request separately)	4 days	62, 70

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TEST	CODE	SAMPLE REQS	TAT	PAGE
STD5 Serology only	STD5	B	4 hours	62, 70
STD6 Serology only without HIV	STD6	B	4 hours	62, 70
STD8 Vaginitis/BV Profile using culture & PCR SWAB	STD8	PCR/STM	3 days	62, 71
STD9 Symptomatic lesion sample using PCR Swab from lesion & PCR SWAB	STD9	2x PCR Swab	7 days	62, 71
Steroid Cell Antibody	SCA	B	2 days	76
STI Profile: MSM1	MSM1	B/FCRU/PCR Swab Throat/PCR Swab Rectal	2 days	62, 72
STI Profile: MSM2	MSM2	B/FCRU/PCR Swab Throat/PCR Swab Rectal	3 days	62, 72
Stool for OCP and Culture††	PENT	RF	2-3 days	37
Stool for OVA Cysts & Parasites by PCR	OCP	RF	1 day	37
Stool Reducing Substances	STRS	RF[7]	5 days	37
Streptomycin Levels	STRM	F	5 days	127
Striated/Skeletal Muscle Antibody	STRA	B	2 days	76
Strongyloides Antibodies	STGA	B	10 days	76
Sulpiride	SULP	B[4]	4 days	127
Superoxide Dismutase Inhibitor	SODI	A/H	5 days	29
Suppression with steroid, IVIg and intralipin, NK (CD69) cell assay, TH1/TH2 cytokines	NCIT	H H H*	Send Mon-Thurs only	46, 49
Swab (Ear)	EARS	STM	2-4 days (Culture) 8-9 days (Fungal) – same swab	37
Swab for Culture (Any Site)	SWAB†	STM	2-4 days	37, 62
Synacthen Stimulation Test	SYNA	By appointment only	1 day	125
Synovial Fluid (for microscopy and culture)†††	FLU2	A + SC	14 days	37
Syphilis by PCR (chancre)	SYPS	PCR	5 days	62
Syphilis IgG/IgM	SERJ	B	4 hours	62, 76
T Regulatory Cells	25RF	H	3 days	48
T3	T3	B	4 hours	46
T3 (Reverse)	RT3	B[7,37]	10 days	46
Tacrolimus/Prograf (FK506)	FK5	A[4]	1-2 days	127
Taipan Snake Venom Time	TTVT	C[18]	1 week	33
TB (pleuralfluid)	TBCU	SC	up to 8 weeks	37
TB Culture	SPU2	SC	up to 8 weeks	37
TB Culture (Urine)	TBUR	3x EMU	up to 8 weeks	37
TB Quantiferon®-TB Gold*	TBQ4	Special tubes or H[1]	3 days	76
TB Slopes – Confirmation and Sensitivity	TBSL	TB slope (LJ medium-green)[6]	up to 8 weeks	37
TDL Tines & Self-collection samples				142-147
Tegretol (Carbamazepine)	CARB	B	4 hours	127
Teicoplanin Assay	TEIC	B	5 days	125
Temazepam	TEMA	B[4]	4 days	127

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Testicular Autoantibodies	TAB	B	2 days	76
Testicular Tumour Profile	TTP	B	4 hours	95
Testosterone	TEST	B	4 hours	47
Testosterone (Bioavailable)	BTES	B	5 days	46
Testosterone (Free)	FTES	B	3 days	46
Tetanus Antibody	TETA	B	5 days	76, 85
TH1/TH2 Cytokine Profile	1TH2	H H H*	Send Mon-Thurs only	49
TH1/TH2 Cytokine Ratio	6RF	H H H[5]	1 week	48
TH1/TH2 Intracellular Cytokine Ratios with IVIG, Prednisolone	20RF	H H H[5]	1 week	48
TH1/TH2 Intracellular Cytokine Ratios with IVIG	21RF	H H H[5]	1 week	48
TH1/TH2 Intracellular Cytokine Ratios with Prednisolone	22RF	H H H[5]	1 week	48
Thalassaemia Screen	HBEL	A	4 days	34
Thallium (Blood)	THAL	A/H	1 week	152
Thallium (Urine)	URTH	**RU**	1 week	152
Theophylline	THEO	B	4 hours	127
Thiopurine Methyl Transferase	TPMT	A[5]	5 days	29
Thrombin Time	THRO	C[18]	4 hours	32
Thrombotic Risk Profile	PROP	A A B C C C[18]	5 days	33, 35, 116, 124
Thyroglobulin Abs	TGAB	B	1 day	47
Thyroglobulin Assay	TGA	B	1 day	47
Thyroid Abs (incl. Thyroglobulin + Thyroid Peroxidase Abs)	THAB	B	1 day	47, 76
Thyroid Peroxidase Antibodies/Anti TPO	TPEX	B	1 day	47, 76
Thyroid Profile 1	TF	B	4 hours	47, 50
Thyroid Profile 2	TF2	B	2 days	47, 50
Thyroid Profile 3	TF3	B	4 hours	47, 50
Thyroxine (T4)	T4	B	4 hours	47
Thyroxine Binding Globulin	TBG	B (Frozen)	10 days	47
Timothy Grass Components	ZZ19	B	2 days	137
Tissue for culture	TISS	**Tissue sample**	up to 14 days	37
Tissue Polypeptide Antigen	TPA	B	1 week	29
Tissue Transglutaminase IgA (Coeliac)	TAA	B	2 days	76
Tissue Transglutaminase IgG	TAAG	B	5 days	76
Tobramycin Assay (Provide Clinical Details)	TOBR	B	3 days	125
Toluene (Blood)	TOL	**J**	10 days	152
Toluene (Urine)	UTOL	**RU**	10 days	152
Topiramate (Topamax)	TOPI	B[4]	4 days	127
Torch Screen	TORC	B	2 days	76, 93-94
Total Acid Phosphatase	APT	B	5 days	29

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Total Bile Acid/Bile Salts	BILS	B	1 week	29
Total IgE	IGE	B	1 day	29, 76, 130
Total Immune Function Evaluation	TIE	A or **Chex+** B [5,10]	7 days	76
Total Immunoglobulin E	IGE	B	1 day	76
Toxocara Antibodies (IgG)	TFAT	B [9]	5 days	93
Toxoplasma Antibodies (IgG+IgM)	TFAM	B [9]	4 hours	81, 93
Toxoplasma Antibody Full Evaluation (IgM, Dye Test, IgG Avidity)	TDYE	B [9]	10 days	93
Toxoplasma by PCR	TXAG	A	5 days	93
TPPA	TPPA	B	2 days	62, 76
Trace Metal (Blood) Profile	TRAC	A B H K	7-10 days	140, 151
Transferrin	TRAN	B	1 day	29
Transferrin Electrophoresis	TREL	B	2 weeks	29
Trichinella Serology	TRIC	B	5 days	93
Trichloracetic Acid (Urine)	UTCA	**RU**	5 days	152
Trichomonas vaginalis	TVPC	**TPV**	2 days	156
Trichomonas vaginalis by PCR	TVPC	**FCRU/PCR/TPV**	2 days	62
Triglycerides	TRI	B	4 hours	29
Trimethylaminuria (Fish Odour Syndrome)	FOS	**PU**	6 weeks	29
Trimipramine	TRIM	A	5 days	127
Tropical Screen	TROP	B B [9,14]	10 days	81-82
Tropomyosins	ZZ31	B	2 days	137
Troponin T (High sensitive)	TROT	B	4 hours	29
Trypanosome (Chagas) Antibodies	CHGA	B [9,14]	10 days	93
Tryptase	STRY	B	2 days	29, 130
TSH	TSH	B	4 hours	47
TSH-Receptor Antibodies	TSI	B	4 days	47, 76
Tularaemia Antibodies	TULA	B [14]	5 days	93
Tumour Necrosis Factor – Alpha	TNF	B (Frozen) [4]	2 weeks	29
Uni Parental Disomy (UPD) – parents and child – ***specify chromosome***	Specify type	A [9,12]	5 days	116
Urate (Uric acid)	UA	B	4 hours	29
Urea	UREA	B	4 hours	29
Urea (Urine)	UURE	**CU**	4 hours	29
Urea and Electrolytes	U/E	B	4 hours	29-30
Urea Electrolytes (Urine)	UELE	**CU**	4 hours	29
Ureaplasma/Mycoplasma Culture**				37
Ureaplasma urealyticum by PCR	UGEN	**FCRU/PCR/TPV**	2 days	62, 156
Uric Acid (Serum)	UA	B	4 hours	29
Uric Acid (Urine)	UURI	**CU**	4 hours	29
Urinary Methyl Histamine	UHIT	**RU** (Frozen)	2 weeks	76
Urine (Microscopy Only)	UMIC	**RU**	1 day	37
Urine Cytology (Urine cytology containers available from TDL Supplies)	URCY	**Urine** (30mls) [21]	2 days	161

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TEST	CODE	SAMPLE REQS	TAT	PAGE
Urine EtG (Ethyl glucuronide)	ETG	**RU**	1 week	149
Urine for Microscopy and Culture ††††	UCEM	**MSU**	1-2 days	37
Urine Free Light Chains	UFLC	**RU**	1 week	29
Urine Organic Acids	UORG	**RU** (Frozen)	3 weeks	29
Urine Steroid Screen (Steroid Hormones)	USTE	**CU** or **RU**[9]	2 weeks	29
Urine Sugar Chromatography	UCRO	**RU** (Frozen)	3 weeks	29
Urobilinogen (Urine)	UURO	**RU**	1 day	29
Urticaria Test (Histamine Releasing)	CURT	B	10-14 days	76
Vaginitis/BV Profile using culture & PCR SWAB	STD8	**PCR/STM**	3 days	62, 71
Valium (Diazepam)	DIAZ	A	7 days	127
Valproic Acid (Epilim)	VALP	B	4 hours	127
Vancomycin Hydrochloride	VANC	B	4 hours	125
Varicella Zoster – DNA	VZPC	A	5 days	93
Varicella Zoster Antibodies (IgG)	VZOS	B	1 day	85, 93
Varicella Zoster Antibodies (IgM)	VZOM	B	1 day	85, 93
Vascular Endothelial Growth Factor	VEGF	B	2 months	76
VDRL (RPR)	RPR	B	2 days	76
Venom Components	ZZ33	B	2 days	137
Very Long Chain Fatty Acids	VLCF	A or H (Frozen)[9]	4-6 weeks	29
Vigabatrin (Sabril)	VIGA	A	10 days	127
Viral Antibody Screen	VIRA	B B	2 days	93-94
Viral Eye by PCR	VPE	**PCR**	3 days	93-94
Viral Respiratory RNA Screen by PCR	VPR	**PCR** or as specified	2 days	93-94
Viral Skin/Mucosa by PCR	VPSK	**PCR**	2 days	93-94
Viscosity (Plasma)	VISC	A[4]	3 days	33
Vitamin A (Retinol)	VITA	B	5 days	140
Vitamin B (Functional)	FUNC	A A or H[13]	5 days	140
Vitamin B Profile	VBP	A A B	5 days	139-140
Vitamin B1 (Thiamine)	VIT1	A	5 days	140
Vitamin B2 (Riboflavin)	VIB2	A	5 days	140
Vitamin B3 (Nicotinamide)	VIB3	B	5 days	140
Vitamin B5 (Pantothenic Acid)	VB5S	B	5 days	140
Vitamin B6 (Pyridoxine)	VITB	A	5 days	140
Vitamin B8 (Biotin)	BIOS	B	5 days	140
Vitamin B9 (Folic acid) – Red cell	RBCF	A	2 days	141
Vitamin B9 (Folic acid) – Serum	FOLA	B	1 day	141
Vitamin B12 (Active)	B12	B	1 day	29, 140
Vitamin B12 (Active)/Red Cell Folate	B12F	A B	2 days	29, 140
Vitamin B12 (Total)	TB12	B	1 day	29
Vitamin C (Active)	VITC	B (Frozen)[7]	5 days	141
Vitamin D (1, 25 Dihydroxy)	D3	B	5-8 days	141
Vitamin D (25-OH)	VITD	B	4 hours	29, 141
Vitamin E (Alpha Tocopherol)	VITE	B	5 days	141

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Vitamin K (Nutritional)	VKN	B[13]	5 days	141
Vitamin K (With PIVKA II)	VITK	B[13]	10 days	32
Vitamin Profile 1	VITS	A B B[7]	5 days	139, 141
Vitamin Profile 2	VIT2	A A A B B[7,13]	5 days	139, 141
VLDL Cholesterol	VLDL	B[13]	1 week	29
VMA	UVMA	**PU**[1]	5 days	29
Voltage Gated Calcium Channel Antibodies	CCAB	B	3 weeks	76
Voltage Gated Potassium Channel Antibodies	VPCA	B	3 weeks	76
Von Willebrand Profile	FVWF	C C C[4,12]	5 days	33, 35
Von Willebrands Multimers	VWM	C C C[18]	3 months	33
Wall Pellitory Components	ZZ20	B	2 days	137
Walnut Components	ZZ34	B	2 days	137
West Nile Virus Abs	WNV	B	2 weeks	93
Wheat Components	ZZ21	B	2 days	137
Whooping Cough (Pertussis) Antibodies	PERS	B	5 days	93
Whooping Cough (Pertussis) by PCR	PERP	**Prenasal (posterior nasopharynx) swab**	5 days	93
Wolf-Hirschhorn Syndrome – BOBs (5 days) + karyotype (15 days)	PBOB, KARY	**CVS/AF/**A H[9]	5-15 days	117
Wolf-Hirschhorn Syndrome – BOBs only	PBOB	**CVS/AF/**A[9]	5 days	117
Xanthine – Blood	XANB	A	2 weeks	152
Xylene – Urine	UXYL	**RU**[30]	2 weeks	152
Xylose Tolerance Test	XTT	**J**[1]	7 days	140
Y chromosome microdeletions – AZFa + AZFb + AZFc + SRY	YDEL	A[9]	5 days	117
Yellow Fever Antibodies	YELL	B[9,14]	10 days	76
Yersinia Antibodies	YERS	B	4 days	93
Zika Abs IgM and IgG – Antibody detection from 15 days	ZKAB	B	5 days	76, 79, 81, 93
Zika RT PCR – Window of detection from 1-7 days from onset of symptoms	ZIKA	B	5-7 days	79, 81
Zika RT PCR – Window of detection from 1-14 days from onset of symptoms	ZIKU	**RU**	5-7 days	79, 81
Zika RNA by PCR in Semen	ZIKS	**Semen**	5 days	79, 81, 93
Zinc (Serum/Plasma)	ZINC	K	1 day	140, 151
Zinc (Urine)	URZN	**CU**	5 days	140, 152
Zinc (Whole Blood)	RBCZ	A or H	5 days	140
Zinc Protoporphyrin	ZNPR	A[13]	5 days	152
Zygosity testing – comparative DNA profile	DNAC	A (From each twin and both parents)[9]	5 days	117

TDL Referral Laboratories

For certain specialist tests TDL has developed a selected network of TDL Group and Reference Laboratories. These Group or specialist laboratories can be identified by a code assigned to reports. The quality of these laboratories is recognised by UKAS, or similar accrediting bodies for the laboratories outside the UK.

Addenbrooke's Hospital – BGU and Immunology

Affinity Biomarker Labs

Alder Hey Children's NHS Foundation Trust – Biochemistry Department

Analytical Services International Ltd, St George's University of London – Forensic Toxicology Service

Animal and Plant Health Agency – Veterinary labs

Antenatal Screening Service, Wolfson Institute of Preventive Medicine, Barts and The London School of Medicine and Dentistry

Biodesix, Inc.

Biolab Medical Unit

Bioscientia

Birmingham Children's Hospital NHS Foundation Trust – Clinical Chemistry

Brucella Reference Unit – Liverpool Clinical Laboratories, Royal Liverpool and Broadgreen Hospital

Cambridge Clinical Laboratory

Cambridge Life Sciences

Cambridge Nutritional Science Ltd

Cardiff and Vale University Health Board – The Analytical Toxicology Department

Cardiff and Vale University Health Board – University Hospital of Wales Laboratory – Medical immunology

Cerba

Chelsea and Westminister Hospital NHS Foundation Trust

CNC Forensic Toxicology Service LTD

Douglass Hanly Moir Pathology

Epsom and St Helier University Hospital NHS Trust – Biochemistry Department

Epsom and St Helier University Hospital NHS Trust – Immunology Department

Eurofins – Biomnis, France

Great Ormond Street Hospital – Department of Chemical Pathology

Great Ormond Street Hospital – Enzyme Unit, Chemical Pathology

Great Ormond Street Hospital – Immunology Department

Great Ormond Street Hospital – Neurometabolic Unit

Guildford RSCH Trace Element Laboratory, SAS Trace Element Centre

HCA Healthcare UK – HCA Laboratories

Health & Safety Laboratory

HFL Sport Science

Homerton University Hospital – Department of Clinical Biochemistry

Igenomix UK

Imperial College Healthcare NHS Trust – Charing Cross Hospital, Chemical Pathology Department

Imperial College Healthcare NHS Trust – Charing Cross Hospital, Infection and Immunity Department

Imperial College Healthcare NHS Trust – Charing Cross Hospital, Medical Oncology

Imperial College Healthcare NHS Trust – Hammersmith Hospital, Molecular Endocrinology

Imperial College Healthcare NHS Trust, St Mary's Hospital – Virology Department

Independent Histopathology Services

Institute of Aquaculture – University of Stirling

Institute of Neurology – Neurogenetics Unit

Instituto Bernabeu Biotech

King's College Hospital – HMDC Laboratory for Molecular Haemato-Oncology

Labor Augsburg MVZ GmbH

Latis Scientific

London School of Hygiene & Tropical Medicine – Diagnostic Parasitology Lab

Matrix Diagnostics

Mayo Clinic Laboratories

Meningococcal reference unit (Men RU) Manchester – Manchester Royal Infirmary

Microbiological Solutions Ltd

Micropathology Ltd

National Blood Service – Colindale, Red Cell Immuno Haematology Department

NHS Blood and Transplant – Birmingham

NHS Blood and Transplant – H & I Laboratory

NHS Blood and Transplant – Tooting

Norfolk and Norwich University Hospital NHS Foundation Trust – SAS Metabolic Bone Laboratory

Nutritional Analytical Service – University of Stirling

TDL Referral Laboratories

Oxford University Hospital NHS Foundation Trust – Churchill Hospital

Pathcare

PHE, Brucella Reference Unit, Royal Liverpool and Broadgreen Hospital

PHE – Bacteriology Reference Department (BRD), Colindale

PHE – Bacteriology Reference Department (BRD) – Legionella Reference Laboratory, Colindale

PHE – Respiratory and Vaccine Preventable Bacteria Reference Unit (RVPBRU) – Enteric and Respiratory Virus Lab, Colindale

PHE – Virus Reference Department (VRD) – Colindale

PHE Mycology Reference Laboratory – PHE South West Laboratory, Southmead Hospital, Bristol

PHE National Mycobacterium Reference Service National Infection Service, Colindale

PHE Rare and imported pathogens laboratory – Porton Down

Queens University Hospital, Belfast – Institute of Clinical Science

Radboud University Nijmegen Medical Center

Randox Health – London

Reflab – Copenhagen

Rosalind Franklin University

Royal Berkshire Hospital NHS Foundation Trust – Clinical Biochemistry

Royal Surrey County Hospital – SAS Peptide Hormone Section

Sandwell and West Birmingham NHS Trust – City Hospital Birmingham, Clinical Biochemistry Department

Sandwell and West Birmingham NHS Trust – City Hospital Birmingham, Toxicology Department

SCSA Diagnostics

Sheffield Children's NHS Trust – Clinical Chemistry

Sheffield Teaching Hospital NSH Foundation Trust – Northern General Hospital, Protein Reference Laboratory

Sheffield Teaching Hospital NSH Foundation Trust – Protein Reference Laboratory Unit and Immunology Department

Southmead Hospital – Antimicrobial Reference Laboratory, Bristol

St George's University Hospital NHS Foundation Trust – Cell Marker Department

SYNLAB Budapest Diagnostic Center, Genoid Molecular Diagnostic Laboratory

SYNLAB Laboratory Service – Abergavenny

The European Laboratory of Nutrients

The Leeds Teaching Hospital – Leeds General Infirmary

The Leeds Teaching Hospital NHS Trust – Endocrinology Laboratory (including SAS Steroid Centre), Department of Specialist Laboratory Medicine, ST James University Hospital

The Leeds Teaching Hospitals NHS Trust – Mycology Reference Centre

The Newcastle upon Tyne Hospitals – Royal Victoria Infirmary

The Royal Marsden Hospital – Department of Haematology / Oncology

Toxoplasma Reference Unit, Public Health Wales Microbiology ABM, Singleton Hospital – Swansea

Trace Laboratories Ltd

UCL Great Ormond Street Institute of Child Health

UCL Queen Square Institute of Neurology – Department of Neuroimmunology

UCL Queen Square Institute of Neurology – Neurometabolic Department

University Hospital Birmingham NHS Foundation Trust – Heartlands Hospital

University Hospital of Wales – Immunology Department

Viapath – Guy's Hospital, Biochemistry Genetics Laboratory

Viapath – King's College Hospital, Clinical Biochemistry

Viapath – St Thomas' Hospital Haemophilia Centre

Viapath – St Thomas' Hospital Immunohistology

Viapath – St Thomas' Hospital Purine Research Laboratory

West Yorkshire Analytical Services

TDL Genetics Referral Laboratories

All Wales Medical Genetics Service

Anthony Nolan, Histocompatability and Immunogenetics

Asper Biotech

Bioscientia GmBH

Bristol Genetics Laboratory (North Bristol NHS Trust)

CentoGene

DiaGenom GmbH

Douglass Hanly Moir Pathology

East Scotland Regional Genetics Service (NHS Tayside)

Exeter Clinical Laboratory – Department of Molecular Genetics

Fulgent Diagnostics

Institute of Neurology, Queen's Square

International Blood Group Reference Laboratory

London South East Genetics Service

Medical Genetics Laboratory – Central Manchester University Hospitals NHS Foundation Trust

Medical Neurogenetics Laboratory LLC

Micropathology Ltd

Molecular Genetics Laboratory – Liverpool's Women NHS Foundation Trust

Molecular Vision Laboratory

Newcastle Mitochondrial NGC Diagnostic Service

North East Thames Regional Genetic Service

North West London Pathology

North West Thames Regional Genetic Service

Northern Genetics Service

Oxford Genetics Laboratory – Oxford University Hospitals

Prevention Genetics

Progenika Biopharma Grifols

Protein Reference Unit & Immunology Department – Sheffield Protein Unit

Purine Research Laboratory – St Thomas' Hospital

Royal Marsden – Haemato-Oncology Unit

Sheffield Diagnostic Genetics Service

SIHMDS – Cytogenetics Laboratory, Great Ormond Street Hospital

South East Scotland Genetics Service (NHS Lothian)

South West Thames Regional Genetics Service

SYNLAB Budapest Diag Center

The Leeds Genetics Laboratory

Viapath Analytics LLP

Wessex Region Genetics Service

West Midlands Regional Genetics Laboratory

West of Scotland Genetic Service (NHS Greater Glasgow and Clyde)

Terms & conditions of business from 1st Jan 2020

The definitions which shall apply to these Terms and Conditions are set out in clause 19.

1 THE SERVICES

1.1 These Terms and Conditions shall apply to any Services that TDL provides to the Client, unless those Services are the subject of a separate written agreement signed by TDL and the Client. These Terms and Conditions apply to the exclusion of any other terms presented by the Client or implied by custom or course of dealing.

1.2 By submitting a Sample to TDL the Client offers to be bound by these Terms and Conditions. TDL shall be deemed to accept that offer and the Agreement shall take effect when TDL collects the Sample from the Client (if TDL has arranged to do so), or when TDL logs the Sample into its laboratory information management system (in any other case). Any request for add-on Tests (as described in the Laboratory Guide) constitutes a request for further Services under that Agreement, which TDL may accept or decline.

1.3 TDL warrants to the Client that:-

1.3.1 its Services will be provided with reasonable skill and care and in accordance with the UKAS medical laboratory accreditation standard (ISO 15189); and

1.3.2 the people providing the Services will be suitably skilled and experienced.

1.4 As part of its Services TDL will, on request, arrange for collection of Samples from locations within London (being for these purposes the area within the M25 motorway). Such collection service is included within the price of the Test unless otherwise notified. Collection of Samples from locations outside the M25 is by special arrangement, and may incur an additional charge. Where collection by TDL has not been requested and agreed, the Client will be responsible, at its own cost, for the transport of Samples to TDL.

1.5 The Client acknowledges that, except as expressly provided in this Agreement, TDL gives no warranties or representations to the Client (whether express or implied) in respect of the Services. In particular, whilst every effort is made to achieve the turn-around times quoted by TDL for the conduct of Tests, no warranty or guarantee is given that such turn-around times will be achieved in any particular instance.

1.6 The Client shall provide TDL with the information indicated in the Pathology Request Form and Laboratory Guide for the relevant Services, and all other clinical information that TDL may reasonably be expected to require concerning the Samples and the relevant patient to enable TDL to provide the Services. The Client shall provide that information by the method indicated in the Laboratory Guide, unless TDL agrees an alternative method in writing with the Client.

1.7 The Client shall ensure that the Sample is collected from the patient, packaged, labelled, and submitted to TDL in each case in accordance with the relevant instructions in the Laboratory Guide. The Laboratory Guide sets out criteria that may render a Sample unsuitable for Testing. If any of those criteria apply, or if TDL considers that the Sample is otherwise unsuitable for Testing or TDL is unable to conduct the Test then TDL shall not be required to carry out the Test and shall be entitled to dispose of the Sample.

1.8 TDL will accept no responsibility for any error or defect in the Services arising from inaccuracies or omissions in the information provided by the Client or from any failure to follow the instructions in the Laboratory Guide. The Client shall indemnify and hold harmless TDL and the members of the TDL Group and their respective directors, officers, employees and agents, in respect of all liabilities, costs, claims, loss, damage, demands, action and expenses (to include any settlements or ex-gratia payments and reasonable legal and expert costs and expenses) arising directly or indirectly from the Client's breach of clauses 1.6 or 1.7.

1.9 Upon completion of a Test the Sample relating thereto may be destroyed or disposed of by TDL unless otherwise agreed.

2 PRICE AND PAYMENT TERMS

2.1 The fees payable by the Client for the conduct of the Services shall, unless otherwise agreed in writing, be the prices specified in TDL's Laboratory Guide for the applicable Tests or other Services at the time those Tests or Services are requested.

2.2 As at the date of these Terms and Conditions VAT is not payable on TDL's Services. If the Services subsequently become subject to VAT, this will be charged in addition at the applicable rate.

2.3 Invoices are normally issued on a monthly basis, but TDL reserves the right to issue them more frequently. The client shall pay TDL's invoices under the Agreement within 30 days of the date of the invoice, without any deduction or set off. At TDL's option interest may be charged on late payment at the statutory rate prescribed from time to time by regulations under the Late Payments of Commercial Debts (Interest) Act 1998. Invoices paid from outside the UK must be paid by either direct bank transfer or by cheque drawn on a UK branch. All payments shall be made in pounds sterling.

2.4 Without affecting any of its other rights, TDL may suspend provision of the Services if the Client fails to pay TDL's invoice in accordance with clause 2.3.

3 CONFIDENTIALITY

3.1 TDL agrees that it will hold and maintain the confidence of:

3.1.1 all information of a confidential nature which is received by TDL from the Client or its patients in connection with the Services; and

3.1.2 all Test results, invoices and other information of a confidential nature issued by TDL to the Client or its patients in connection with the Services, and, save with the Client's consent or as otherwise permitted under this Agreement, will not disclose such information other than to its professional staff, independent consultants and/or persons to whom it has delegated the performance of the Services and who require the information for such purpose. Where TDL has been provided with the details of a patient's private medical insurance in connection with the Services, TDL shall be entitled to assume (and the Client so warrants) that both the Client and the patient consent to the disclosure of information relating to that patient to the insurer concerned.

3.2 The restrictions in clause 3.1 shall not apply to information which: (i) was in TDL's possession prior to disclosure by the Client; or (ii) is now or hereafter comes into the public domain other than by default of TDL; or (iii) was lawfully received by TDL from a third party acting in good faith having a right of further disclosure; or (iv) is required by law to be disclosed by TDL; or (v) which is required by a regulatory or accreditation body to be disclosed to it for the purpose of regulating or accrediting the TDL Group.

4 LIABILITY AND INDEMNITY

4.1 The Client warrants and represents that it will:

4.1.1 comply with all relevant laws, regulations and guidelines applicable to the jurisdiction in which it is situated (including any applicable data protection laws) for the collection of the Samples from the patients, the packaging and labelling of the Samples, and their shipment to TDL (which may include conduct of the tests and shipment outside of the EEA);

4.1.2 obtain all consents and permissions required (whether by law (including under the Data Protection Legislation), good medical practice or otherwise) in order to permit the conduct of the Tests on the Samples and the use of the Protected Data as contemplated in these Terms and Conditions;

4.1.3 provide to TDL confirmation that it has complied with all relevant laws applicable to the jurisdiction in which it is situated (including any applicable data protection laws) for the collection of the Samples which they are referring for the Tests and their shipment to TDL and where necessary on to an overseas testing laboratory;

4.1.4 shall indemnify and hold harmless TDL and the members of the TDL Group and their respective directors, officers, employees and agents, in respect of all liabilities, costs, claims, loss, damage, demands, action and expenses (to include any settlements or ex-gratia payments and reasonable legal and expert costs and expenses) arising directly or indirectly from any breach of this clause 4.1.

4.2 TDL and the members of the TDL Group shall have no liability arising out of or in connection with this Agreement or the Services (whether in contract (including under any indemnity), tort (including negligence), misrepresentation, breach of statutory duty or otherwise) for any:

4.2.1 loss of profit or revenue;

4.2.2 loss of anticipated savings;

4.2.3 loss of reputation or goodwill; or

4.2.4 indirect, special or consequential loss.

4.3 To the extent not covered by any other limitations the maximum aggregate liability of TDL and the members of the TDL Group to the Client under or in connection with this Agreement, whether arising in contract (including under any indemnity), tort (including negligence), misrepresentation, breach of statutory duty or otherwise, shall be £2,000,000 less any sums paid by TDL or a TDL Group member to any patient of the Client or other third party in satisfaction of a liability arising out of the same facts and circumstances.

4.4 The limitations and exclusions in these Terms and Conditions shall only apply where permitted under applicable law.

5 THIRD PARTIES

For the purposes of the Contracts (Rights of Third Parties) Act 1999 and notwithstanding any other provision of this Agreement these Terms and Conditions are not intended to, and do not, give any person who is not a party to it any right to enforce any of the provisions, except that TDL Group members that are third parties shall be entitled to enforce any provisions that confer a benefit on them.

6 FORCE MAJEURE

If the performance of this Agreement or any obligation under it (except for an obligation to pay) is prevented, restricted or interfered with by reason of circumstances beyond the reasonable control of that party obliged to perform it (which shall include, without limitation, flood, fire, storm, strike, lockout, sabotage, failure of machinery, terrorist act, civil commotion, government intervention, and/or failure of subcontractors) (a 'Force Majeure Event'), the party so affected shall (upon giving prompt notice thereof to the other party) be excused from any failure or delay in performance , and the time for performance shall be extended by an amount of time equal to the duration of the Force Majeure Event, provided always that the party so affected shall use all reasonable endeavours to avoid or remove the causes of non-performance and shall continue performance as expeditiously as possible as soon as such causes have been removed.

7 DATA PROCESSOR AND DATA CONTROLLER

7.1 Insofar as TDL processes Protected Data on behalf of the Client in providing the Services the parties agree that the Client shall be the Data Controller and TDL shall be the Data Processor and TDL shall process the Protected Data in compliance with the obligations of Data Processors under Data Protection Laws and in accordance with the terms of clauses 8 to 15. Clause 16 sets out circumstances where TDL processes Protected Data on its own behalf as Data Controller.

7.2 The Client warrants, represents and undertakes, that:

7.2.1 in connection with the Protected Data it has complied and shall continue to comply in all respects with Data Protection Laws, including in terms of its collection, storage and processing (which shall include the Client providing all of the required fair processing information to, and obtaining all necessary consents from, Data Subjects); and

7.2.2 all instructions given by it to TDL in respect of Personal Data shall at all times be in accordance with Data Protection Laws.

8 INSTRUCTIONS AND DETAILS OF PROCESSING

8.1 Insofar as TDL processes Protected Data on behalf of the Client:

8.1.1 unless required to do otherwise by Applicable Law, TDL shall (and shall take steps to ensure each person acting under its authority shall) process the Protected Data only on and in accordance with the Client's documented instructions as set out in the request for Services pursuant to the Terms & Conditions and in the Annex (the Processing Instructions);

8.1.2 if Applicable Law requires it to process Protected Data other than in accordance with the Processing Instructions, TDL shall notify the Client of any such requirement before processing the Protected Data (unless Applicable Law prohibits such information on important grounds of public interest); and

8.1.3 TDL shall promptly inform the Client if TDL becomes aware of a Processing Instruction that, in TDL's opinion, infringes Data Protection Laws, provided that:

(a) this shall be without prejudice to clauses 7.2; and

(b) to the maximum extent permitted by Applicable Law, TDL shall have no liability howsoever arising (whether in contract (including any indemnity), tort (including negligence) or otherwise) for any losses, costs, expenses or liabilities (including any Data Protection Losses) arising from or in connection with any processing in accordance with the Client's Processing Instructions following the Client's receipt of any notice pursuant to this clause 8.1.3.

9 TECHNICAL AND ORGANISATIONAL MEASURES

In relation to the processing of the Protected Data, TDL shall implement and maintain, at its cost and expense, appropriate technical and organisational measures to ensure for the Protected Data a level of security appropriate to the risks presented by the processing, taking into account the state of the art, the cost of implementation and the nature, scope, context and purpose of the processing of the Protected Data as well as the risk of varying likelihood and severity of the rights and freedoms of natural persons.

10 USING STAFF AND OTHER PROCESSORS

10.1 Insofar as TDL processes Protected Data on behalf of the Client, TDL shall not engage any Data Processor to carry out that processing (a 'Sub-Processor') without the Client's authorisation of that specific Sub-Processor. The Client shall not unreasonably withhold, condition or delay such consent. By accepting these Terms and Conditions the Client authorises the appointment of the Authorised Sub-Processors.

10.2 TDL shall prior to the relevant Sub-Processor carrying out any processing activities in respect of the Protected Data, appoint each Sub-Processor ensure that each of its Sub-Processors under a written contract containing materially the same obligations as clauses 8 to 15 (inclusive), that is enforceable by TDL;.

10.3 TDL shall ensure that all persons authorised to process Protected Data are subject to a binding obligation to keep the Protected Data confidential (except where disclosure is required in accordance with Applicable Law, in which case TDL shall, where practicable and not prohibited by Applicable Law, notify the Client of any such requirement before such disclosure).

11 ASSISTANCE WITH THE CLIENT'S COMPLIANCE AND DATA SUBJECT RIGHTS

11.1 Taking into account the nature of the processing TDL shall, at its own cost and expense implement and maintain reasonable measures to assist the Client to respond to the Data Subject Requests relating to the Protected Data that TDL processes on the Client's behalf.

11.2 TDL shall refer all Data Subject Requests it receives to the Client promptly, and in any event within five Business Days of receipt of the request.

11.3 TDL shall provide such reasonable assistance as the Client reasonably requires (taking into account the nature of processing and the information available to TDL) to the Client in ensuring compliance with the Client's obligations under Data Protection Laws with respect to:

11.3.1 security of processing;

11.3.2 data protection impact assessments (as such term is defined in Data Protection Laws);

11.3.3 prior consultation with a Supervisory Authority regarding high risk processing; and

11.3.4 notifications to the Supervisory Authority and/or communications to Data Subjects by the Client in response to any Personal Data Breach,

provided the Client shall pay TDL's charges for providing the assistance in this clause 11.3, such charges to be calculated on a time and materials basis at TDL's applicable daily or hourly rates in force from time to time.

12 INTERNATIONAL DATA TRANSFERS

The Client agrees that TDL may transfer Protected Data to countries outside the European Economic Area (EEA) for the purpose of providing the Services, provided all transfers by TDL of Protected Data to such recipients are in accordance with such safeguards or other mechanism(s) for transfers of Personal Data as may be permitted under Data Protection Laws from time to time. The Client agrees that TDL may implement such safeguards by entering into standard data protection clauses authorised under the Data Protection Laws, which TDL may do as agent on behalf of the Client. The provisions of clauses 8 to 15 (inclusive) shall constitute the Client's instructions with respect to transfers in accordance with clause 8.1.

13 RECORDS, INFORMATION AND AUDIT

13.1 TDL shall maintain, in accordance with Data Protection Laws binding on TDL, written records of all categories of processing activities carried out on behalf of the Client.

13.2 TDL shall, in accordance with Data Protection Laws, make available to the Client such information as is reasonably necessary to demonstrate TDL's compliance with its obligations as a Data Processor under these Terms and Conditions and the Data Protection Laws, and allow for and contribute to audits, including inspections, by the Client (or another auditor mandated by the Client) for this purpose, subject to the Client:

13.2.1 giving TDL reasonable prior notice of such information request, audit and/or inspection being required by the Client;

13.2.2 ensuring that all information obtained or generated by the Client or its auditor(s) in connection with such information requests, inspections and audits is kept strictly confidential (save for disclosure to the Supervisory Authority or as otherwise required by Applicable Law);

13.2.3 ensuring that such audit or inspection is undertaken during normal business hours, with minimal disruption to TDL's business, the Sub-Processors' business and the business of other customers of TDL; and

13.2.4 paying TDL's reasonable costs for assisting with the provision of information and allowing for and contributing to inspections and audits.

14 BREACH NOTIFICATION

14.1 In respect of any Personal Data Breach involving Protected Data that TDL processes on behalf of the Client, TDL shall, without undue delay:

14.1.1 notify the Client of the Personal Data Breach; and

14.1.2 provide the Client with details of the Personal Data Breach.

15 DELETION OR RETURN OF PROTECTED DATA AND COPIES

TDL shall, at the Client's written request, either delete or return all of the Protected Data to the Client in such form as the Client reasonably requests within a reasonable time after the end of the provision of the relevant Services related to processing; and delete existing copies (unless storage of any data is required by Applicable Law and, if so, TDL shall inform the Client of any such requirement), except in the case of Protected Data that TDL processes as a Data Controller as set out in clause 16.

16 PROTECTED DATA THAT TDL PROCESSES AS A DATA CONTROLLER

16.1 TDL may retain and submit to Public Health England or another Health Authority in the United Kingdom such extracts from the Protected Data as are required for the purposes of a Public Health Programme operated by that Health Authority (Public Health Data).

16.2 TDL may retain such copies of the Protected Data and such records of processing in connection with the Services (the Processing Records) as TDL requires to maintain its accreditation with UKAS and as required by the Royal College of Pathologists (in accordance with its retention and storage of pathological records and specimens guidelines).

16.3 The parties acknowledge and agree that TDL processes the Processing Records and the Public Health Data on its own behalf and shall be responsible for the Processing Records and the Public Health Data as a Data Controller. TDL shall ensure that it's processing of the Processing Records and the Public Health Data is in accordance with the Data Protection Laws subject to the terms of this Agreement.

16.4 Where TDL processes Protected Data to provide Harmony® Non-Invasive Prenatal Tests, TDL does so as a Data Controller. TDL shall ensure that such processing complies with the Data Protection Laws.

17 TERMINATION

17.1 Upon termination of this Agreement for any reason TDL may submit its invoice for, and the Client shall pay, the fees in relation to any Services performed but not yet invoiced at the date of termination.

17.2 Termination of the Agreement shall not affect any term of the Agreement that expressly or by implication is intended to survive termination, including clauses 4 and 16.

17.3 Termination of this Agreement shall not affect the rights and liabilities of each party accrued at the date of termination.

18 GENERAL

18.1 Dispute resolution

18.1.1 If any dispute arises relating to this Agreement or any breach or alleged breach of this Agreement, the parties shall make a good faith effort to resolve such dispute without recourse to legal proceedings. If, notwithstanding such good faith efforts, the dispute is not resolved either party may submit the dispute to the jurisdiction of the English Courts.

18.1.2 Except to the extent clearly prevented by the area of dispute, the parties will continue to perform their respective obligations under this Agreement while such dispute is being resolved.

18.2 Variation

18.2.1 TDL may amend these Terms and Conditions by updating the Laboratory Guide and providing the Client with a copy of the update or publishing it on TDL's website. Such amendments shall only apply to Services that the Client requests after the date of the update, and the Client shall be deemed to accept those amendments by requesting Services after that date.

18.2.2 Except as set out in clause 18.2.1 any amendments to this Agreement shall not be effective unless in writing and signed by an authorised signatory on behalf of each of the parties. The terms of this Agreement may be varied by agreement of the parties but without the consent of any third party whether or not the rights of such third party are affected by such variation. The Client shall not unreasonably withhold, delay or condition its agreement to any variation to this Agreement requested by TDL in order to ensure the Services and TDL (and each Sub-Processor) can comply with any change in Applicable Laws.

18.3 Rights and waiver

All rights granted to either of the parties shall be cumulative and not exhaustive of any rights and remedies provided by law. The failure of either party to enforce (or delay in enforcing) at any time for any period any one or more of the terms of this Agreement shall not be a waiver of such term or of the right of such party at any time subsequently to enforce all the terms of this Agreement.

18.4 Severability

If any provision of this Agreement is or becomes invalid, illegal or unenforceable in any respect under any law, the validity, legality and enforceability of the remaining provisions will not be in any way affected.

18.5 Assignment

TDL may assign or sub-contract the performance of this Agreement (in whole or in part) or any one or more of the Tests to be performed hereunder to suitably accredited laboratories including those listed in the Laboratory Guide. The Client may not assign this Agreement or any of its rights or obligations hereunder without the prior approval of TDL.

18.6 Relationship of the parties

It is acknowledged and agreed that TDL and the Client are independent contractors and nothing in this Agreement shall create or be construed as creating a partnership or (except as provided in clause 12) a relationship of agent and principal between the parties. The Client acknowledges and agrees that, in requesting Services from TDL, it is not acting as agent for any patient or patients to which the Services relate.

18.7 Notices

All notices given under this Agreement shall be in writing and shall be delivered by hand or sent by prepaid first class post or by prepaid first class recorded delivery or by facsimile transmission, provided that a hard copy of any notice transmitted by facsimile is posted within 24 hours of such transmission. All notices shall be delivered at or sent, in the case of TDL, to The Halo Building, 1 Mabledon Place, London WC1H 9AX, fax number 020 7307 7374 and, in the case of the Client to the address and/or fax number specified in the Pathology Request Form submitted by the Client (or such other address as that party shall notify in writing to the other for this purpose). A notice sent by post shall be deemed to be served at 9.00 am on the second business day following the date of posting; a notice sent by facsimile transmission shall (subject to posting of a hard copy as provided above) be deemed to have been served at the time it is transmitted if transmitted within business hours (9.00 am to 6.00 pm) on a business day or, if transmitted outside such business hours on a business day or on a day which is not a business day as soon thereafter as such business hours commence.

18.8 Entire agreement

These Terms and Conditions and the documents referred to in them contain the entire Agreement in respect of its subject matter. Each party acknowledges that it has not entered into the Agreement in reliance on, and shall have no remedies in respect of, any representation or warranty that is not expressly set out in these Terms and Conditions except in the case of fraudulent misrepresentation.

18.9 Governing law

This Agreement and any dispute arising out of or in connection with it (including non-contractual disputes and claims) shall be governed by and construed in accordance with English law and each of the parties submits to the exclusive jurisdiction of the English Courts.

19 INTERPRETATION

19.1 In these Terms and Conditions and the Annex:-

'Agreement' means the contract between TDL and the Client for the supply of the Services, incorporating these Terms and Conditions.

'Annex' means the annex to the Terms and Conditions.

'Applicable Law' means as applicable and binding on the Client, TDL and/or the Services:

a) any law, statute, regulation, byelaw or subordinate legislation in force from time to time to which a party is subject and/or in
any jurisdiction that the Services are provided to or in respect of;

b) the common law and laws of equity as applicable to the parties from time to time;

c) any binding court order, judgment or decree; or

d) any applicable direction, policy, rule or order that is binding on a party and that is made or given by any regulatory body having jurisdiction over a party or any of that party's assets, resources or business.

'Authorised Sub-Processors' means:

a) Health Service Laboratories LLP and any other member of the TDL Group which provides the applicable Test or Service;

b) accredited specialist centres for onward referral of esoteric assays as identified in the TDL Laboratory Guide;

c) persons who provide information technology services that TDL uses in the course of providing the Services; and

d) any Sub-Processor referred to in the Annex.

'Client' means the person or organisation requesting Services from TDL and for whom TDL has agreed to provide the Services.

'Data Controller' and 'Data Processor' have the meanings given to those terms (or to the terms 'controller' and 'processor' respectively) in Data Protection Laws.

'Data Protection Laws' means the General Data Protection Regulation (EU) 2016/679 ('GDPR') and/or any corresponding or equivalent national laws or regulations, the Data Protection Act 2018, and any Applicable Laws replacing, amending, extending, re-enacting or consolidating that legislation from time to time and any subordinate legislation made under that legislation.

'Data Subject' and 'Personal Data' have the meaning given to those terms in Data Protection Laws.

'Data Subject Request' means a request made by a Data Subject to exercise any rights of Data Subjects under Data Protection Laws.

'Group' in respect of any undertaking, means such undertaking and its group undertakings ('undertaking' and 'group undertaking' having the meanings given in the Companies Act 2006).

'Health Authority' means (i) a department of the UK government or of a devolved administration, (ii) an executive agency of such department, or (iii) a body exercising statutory functions in relation to public health in the UK or any part of the UK.

'Laboratory Guide' means TDL's Laboratory Guide current at the time the applicable Services are requested, as supplied to the Client or, if not so supplied, available on request from TDL.

'Pathology Request Form' means the electronic or hardcopy form provided by TDL to the Client for the Client to use to request Tests, as updated by TDL from time to time.

'Personal Data' has the meaning given to that term in Data Protection Laws.

'Personal Data Breach' means any breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, any Protected Data.

'Processing' has the meanings given to that term in Data Protection Laws (and related terms such as process have corresponding meanings.

'Processing Instructions' has the meaning given to that term in paragraph 8.1.1.

'Protected Data' means Personal Data received by TDL from or on behalf of the Client or generated by TDL on behalf of the Client in connection with the performance of the Services.

'Public Health Programme' means a programme administered by a Health Authority to monitor or analyse health data for the purpose of public health or for statistical, scientific or research purposes in the public interest.

'Sample' means a sample provided by the Client to TDL for investigation.

'Services' means the conduct of the Tests specified in the request submitted by the Client and accepted by TDL, and/or such other services as TDL has agreed to supply to the Client.

'Sub-Processor' has the meaning given in clause 10.1.

'Supervisory Authority' means any local, national or multinational agency, department, official, parliament, public or statutory person or any government or professional body, regulatory or supervisory authority, board or other body responsible for administering Data Protection Laws.

'TDL' means The Doctors Laboratory Limited or such other member of the TDL Group as has agreed to provide the Services.

'TDL Group' means The Doctors Laboratory Limited and its Group and Health Service Laboratories LLP and its Group.

'Test' means a laboratory test to be carried out by TDL on a Sample supplied by the Client.

'UKAS' means the United Kingdom Accreditation Service, or any successor to it.

19.2 References to the singular include the plural and vice versa.

19.3 Clause headings and paragraph headings are for ease of reference only and are not part of these Terms and Conditions for the purpose of construction.

19.4 References to paragraphs are to paragraphs of the Annex.

19.5 The word 'including' shall be read as 'including but not limited to'.

19.6 The Annex is incorporated into these Terms and Conditions.

ANNEX

1 Subject matter and nature of processing

1.1 The subject matter and nature of TDL's processing of the Protected Data are:

1.1.1 pathology samples and test results for the purpose of providing clinical pathology services;

1.1.2 information about clinicians who order pathology tests, for the purposes of reporting the test results to the Client;

1.1.3 information about a patient's health insurance for the purposes of administering payment for the Services; and

1.1.4 billing information for a patient where the Client has asked TDL to direct TDL's invoice to the patient.

2 Duration of processing

The duration of the processing is the time necessary to carry out the Services.

3 Types of personal data

3.1 The Protected Data comprise the following types of personal data:

3.1.1 Name

3.1.2 Gender

3.1.3 Age

3.1.4 Address

3.1.5 Types of pathology tests conducted

3.1.6 Results of pathology tests

3.1.7 Health insurance policy details

3.1.8 Billing information

3.1.9 The types of data referred to in the TDL Laboratory Guide

4 Categories of data subjects

The Protected Data concerns patients in respect of whom TDL conducts pathology tests, and clinicians who request pathology tests.

5 Reporting pathology test results

5.1 TDL shall report Test results using the method selected by the Client from the range of options offered by TDL or, if no method is selected by the Client, using a method selected by TDL from that range of options.

5.2 TDL shall report the Test results using the contact details supplied to TDL in the relevant section of the Pathology Request Form. The Client shall be responsible for ensuring that those contact details are correct.

5.3 Where TDL supplies Test results electronically it shall ensure that the results are supplied in the format selected by the Client (from the range of options offered by TDL) and are supplied to the address indicated when the Client selects electronic results reporting. The Client shall be responsible for ensuring that the selected format is compatible with the Client's information systems and for making the results available to the users of those systems.

6 Fee to patient

Where the Client selects the 'fee to patient' option in a Pathology Request Form, the Client instructs TDL to seek payment from the patient of the fees owed by the Client in respect of that test. The Client confirms that the patient has agreed with the Client to pay those fees to TDL for the Client. The Client instructs TDL to recover the fees by invoicing the patient using the personal data provided by the Client. The Client instructs TDL on the Client's behalf to appoint debt collectors to recover the fees from the patient if the patient does not pay the invoice by the date payment falls due. The Client authorises TDL to appoint those debt collectors as Sub-Processors in accordance with clauses 8 to 15 (inclusive).

THE DOCTORS LABORATORY

Antenatal Screening Service for Down's, Edwards & Patau Syndromes and Open Neural Tube Defects

First ☐ Second ☐ Trimester (please tick as required)

Weeks 11-13 ☐ Weeks 14-21 (16 ideal) ☐ Name of Requesting Doctor: _____

MATERNAL SCREENING FOR DOWN'S SYNDROME AND NEURAL TUBE DEFECTS

If you have a query with completing this form, please telephone the Referrals Dept at The Doctors Laboratory on 020 7307 7373

PATIENT DETAILS

Surname: | **Hospital No.:**

Forename: | **Date of birth:** DD MM YY

NHS No.: | **Post code:**

CLINICAL DETAILS (To be completed by Midwife or Doctor)

First day of Last Menstrual Period (LMP) DD MM YY

Vaginal bleed in the last 7 days? (no=0, yes=1) If yes please see overleaf ☐

Maternal weight (kgs) ☐

Height (cms) ☐

Previous Neural Tube Defect pregnancies (none=0, one=1, two or more=2) ☐

Previous Down's Syndrome pregnancies (none=0, non-inherited=1, inherited translocation=2, type not known=3) ☐

If the patient had a previous pregnancy with Down's syndrome how old was she at the time? ☐

Previous other chromosomal pregnancy (no=0, yes=1). If yes, please specify abnormality and year diagnosed: ☐

Family origin: (Black Caribbean/African=1, White European=2 Indian/Pakistani/Bangladeshi/Sri Lankan=4, Chinese/Japanese/SE Asian=5, Other=6). If other, please specify: ☐

Does the patient have Insulin dependent diabetes? (no=0, yes=1) ☐

Is this an IVF pregnancy? (no=0, yes=1) ☐

If yes egg collection date: DD MM YY

embryo transfer date DD MM YY

If egg(s) donated enter the donor's DOB DD MM YY

If unknown, enter donor age ☐

Does the patient smoke? (no=0, yes=1, given up during pregnancy=2, e-cigarettes=3, patches=4) ☐

If yes, number of cigarettes per day ☐

Did the patient take a daily supplement containing Folic Acid? (no=0, before becoming pregnant=1, once she knew she was pregnant=2) ☐

Has the patient had pre-eclampsia in a previous pregnancy? (no=0, yes=1) ☐

If the patient has had an amniocentesis performed prior to this test please see overleaf.

ULTRASOUND SCAN

Date of scan DD MM YY

Hospital where scanned _____

Number of fetuses ☐

If twins are they monochorionic or dichorionic? (MC=1, DC=2) ☐

Name of Sonographer _____

Sonographer ID Code ☐

	FETUS 1	FETUS 2
Nuchal translucency (NT) (mm):		
Crown rump length (CRL) (mm):		
Head circumference (HC) (mm):		

Gestational age at time of scan ☐ weeks ☐ days

EDD DD MM YY

Date of serum sample DD MM YY Time taken _____ Sample taken by _____

Was the DNA sample taken at the same time (no=0, yes=1) ☐ If no, please complete below:

Date of DNA sample DD MM YY Time taken _____ Sample taken by _____

ADDRESS TO WHICH REPORT SHOULD BE SENT

_____

_____

Telephone No. _____ Fax No. _____

Leukaemic studies request
(Cytogenetics/Molecular Genetics)

THE DOCTORS LABORATORY

Lab No: _____ Priority Code: _____

Surname: _____ First Name: _____

Hospital No.: _____ Date of Birth: D D M M Y Y Y Y

Consultant: _____ Gender: ☐ Male ☐ Female

Sample Type: _____ Sample WBC (x10^9/l): _____

Sample Date: _____ Sample Vol. (ml): _____

Date Received: D D M M Y Y Y Y Time Received: _____

Sample Comments: _____ Amount Sample/Culture: _____ Check: _____

Referral centre/hospital: _____

Full postal address: _____

_____

Tel No.: _____ Fax No.: _____

Referral reason/Clinical details: _____

_____

_____

Disease stage: _____ Treatment stage: _____

Karyotype analysis required? ☐ Yes ☐ No

FISH required? ☐ Yes ☐ No Probes: _____

RT-PCR Required? ☐ Yes ☐ No Gene Fusion: _____

SAMPLE REQUIREMENTS

In preservative-free heparin and RPMI medium

Preferred volume	**Peripheral Blood**	Adult: 10mls	Child: 2-5mls
	Bone Marrow	Adult: 5-10ml	Child: 2-5mls
Optimal time in transit	**Peripheral Blood:** 48hrs		**Bone Marrow:** 24hrs

---

☐ Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

☐ Fee to be paid by Doctor/Clinic as above

Insurance Co. _____ Membership No. _____

Patient address _____

_____

_____ Postcode _____ Contact telephone number _____

Genetic Request

THE DOCTORS LABORATORY

In order to provide an efficient service for Genetic Requests, please complete the following:

PATIENT DETAILS

Surname: _____

First Name: _____

Date of Birth: _____ Gender: ☐ M ☐ F

Patient Number: _____

Ethnic Origin: _____

Gestation (if applicable): _____ weeks

REFERRING DOCTOR

Name: _____

Address: _____

_____

_____

Telephone: _____

Fax: _____

TEST REQUEST

Disease Name: _____

Gene(s) to be Analysed: _____

Test for: ☐ Diagnosis ☐ Carrier Screening ☐ Known Family Mutation

Clinical Symptoms: _____

Family History: _____

Please state any Family Gene Mutation(s) if known: _____

Please also provide copies of any relevant genetic or pathology (ie. haematology) reports.

INFORMED CONSENT

PATIENT OR GUARDIAN

Please cross-out where applicable:

I consent / do not consent to be tested for the genetic test(s), which have been explained to me

I consent / do not consent for the results of this test to be available to assist in testing other family members

I consent / do not consent for DNA from this sample to be stored

I consent / do not consent for DNA to be used anonymously for relevant research

Signed: _____ Date: ____/____/____

DOCTOR/GENETIC COUNSELLOR

I have explained the purpose of obtaining a blood or tissue sample for genetic testing.

Signed: _____ Date: ____/____/____

This consent form is for use with diagnostic testing. It is important to think through the implications of genetic testing for other family members. We strongly recommend genetic counselling for predictive testing in disorders such as Huntington's Disease or inherited cancers. Please contact our Consultant if you have queries about consent or counselling issues.

☐ Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

☐ Fee to be paid by Doctor/Clinic as above

Insurance Co. _____ Membership No. _____

Patient address _____

_____

_____ Postcode _____ Contact telephone number _____

Supplies re-order form

Tel: 020 7307 7373 Fax:020 7307 7340
E-mail:supplies@tdlpathology.com

THE DOCTORS LABORATORY

Doctor/Practice: _____

Address: _____

_____

Requested by: _____ Tel: _____

DATE OF ORDER

IF URGENT BY

VACUTAINER TUBES	No. Required
☐ EDTA 4ml Lavender	[ ]
☐ EDTA 10ml Lavender (For STDX)	[ ]
☐ SST/Serum 5ml Gold	[ ]
☐ Fluoride Ox./Glucose 4ml Grey	[ ]
☐ Lithium Heparin 6ml Green	[ ]
☐ No Additive Red 6ml	[ ]
☐ Sod. Heparin 6ml Dark Blue	[ ]
☐ Citrate 4.5ml Light Blue	[ ]

VACUTAINER NEEDLES	No. Required
☐ 21g Green	[ ]
☐ 21g Butterfly Green	[ ]
☐ 22g Black	[ ]
☐ 23g Butterfly Blue	[ ]
☐ VACUTAINER BARREL WHITE	[ ]

HELICOBACTER PYLORI	No. Required
☐ Breath/Blow Bags	[ ]

URINE/STOOL CONTAINERS	No. Required
☐ Urine/Universal Container pots 30ml	[ ]
☐ Urine/Universal Container pots 60ml	[ ]
☐ 24 hour Urine Containers	[ ]
☐ Stool Pot	[ ]
☐ FOB Pot	[ ]

REQUEST FORMS

☐ Singles ☐ Duplicates

PERSONALISED BARCODED FORMS

☐ Singles ☐ Duplicates

SAMPLE BAGS	No. Required
☐ Clear Small	[ ]
☐ Clear Large	[ ]
☐ Red (Urgent)	[ ]
☐ Large Sample Practice Packing Bag	[ ]

SWABS, GYNAE & NON-GYNAE CYTOLOGY	No. Required
☐ Speculum (10) S ☐ M ☐ L ☐	
☐ Thin Prep Vial + Thin Prep Brush	[ ]
☐ Microbiology CULTURE Swabs BLUE	[ ]
☐ ENT/Urethral CULTURE Swabs ORANGE	[ ]
☐ PCR Swabs (chlamydia, herpes, etc) BLUE	[ ]
☐ PCR Swabs (chlamydia, herpes, etc) PINK	[ ]
☐ Histology Pots 60ml	[ ]
☐ Virology Swabs GREEN	[ ]
☐ Blood Culture Bottles	[ ]

OTHERS – PLEASE SPECIFY

POSTAL PACKS *(complying with Royal Mail regulations)*	No. Required
☐ HAEM/BIO (Lavender/Gold/Grey)	[ ]
☐ HIV (Gold)	[ ]
☐ 30ml MSU/DOA (Non Chain of Custody)	[ ]
☐ DOA (with Chain of Custody)	[ ]
☐ STOOL (Blue top with spoon)	[ ]
☐ FOB Pack	[ ]
☐ GROUP B KIT (GBS)	[ ]
☐ FREEZER BIO BOTTLES (Pink)	[ ]
☐ BIO BOTTLE BOXES (Blue lid)	[ ]
☐ THIN PREP KITS	[ ]
☐ SALIVA KITS	[ ]

PATIENT RECEPTION AT:
THE DOCTORS LABORATORY
76 Wimpole Street, London W1G 9RT
Monday to Friday 7.00am – 7.00pm
Saturday 7.00am – 5.00pm
Main Tel: 020 7307 7373
Patient Reception Fax: 020 7307 7371
Out of hours samples may be dropped at 76 Wimpole St

CLINICIAN

SOURCE

Doctor

Address

Tel Fax

Additional copy of results to:

SURNAME																	DOB	/ /
FORENAME												TITLE					M/F	

When completing this form please provide at least three unique identifiers for your patient.

	Please Tick
(Biochemistry)	**DL1** ☐
(Biochemistry/HDL)	**DL1L** ☐
(Haem/Bio)	**DL2** ☐
(Haem/Bio/HDL)	**DL2L** ☐
(Haematology)	**DL3** ☐
(Haem/Bio (short))	**DL4** ☐
(Haem/Bio/HDL)	**DL4L** ☐
(Postal Haem/Bio)	**DL5** ☐
(Postal Haem/Bio/HDL)	**DL5L** ☐
Well Person Screen (DL2/T4/TSH/Ferritin)	**DL6** ☐
Well Person Screen (DL2L/T4/TSH/Ferritin)	**DL6L** ☐
Well Man Screen (DL6/PSA/Ferritin)	**DL7** ☐
Well Man Screen (DL6L/PSA/Ferritin)	**DL7L** ☐
Well Person Screen (DL6/VITD/Ferritin)	**DL8** ☐
Well Person Screen (DL6/HDL/VITD/Ferritin)	**DL8L** ☐
Senior Male Profile 60+	**DL9M** ☐
Senior Female Profile 60+	**DL9F** ☐
Cardiovascular Risk Evaluation Profile	**DL10** ☐
Cardiovascular Risk Plus Profile	**DL11** ☐
Sexual Health 7 STI screen by PCR	**DL12** ☐

Home Visit ☐

PATIENT DETAILS

LMP: / /

Last smear: /
MONTH YEAR

Routine screen ☐

Colposcopy ☐

Previous HPV -ve ☐ +ve ☐

Previous abnormal history (please specify):

TESTS (PLEASE SPECIFY)

☐ **PAPT**
A HR-HPV testing will always be carried out if PAPT is requested as a single test. **HPV will be charged.**

☐ **HPV HR-HPV mRNA**
If **HPV** is requested as a single test and is Positive/Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge.**

☐ **HP20 20 HPV DNA subtypes**
If **HP20** is requested as a single test and is Positive/Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge.**

☐ **HPVT Typed DNA/mRNA E6/E7 oncoproteins**
If **HPVT** is requested as a single test and is Positive/Detected, cervical cytology (PAPT) will be carried out from the same vial **without charge.**

☐ **TPCR** Thin Prep Chlamydia ☐ **TGON** Thin Prep Gonorrhoea

☐ **TCG** Thin Prep CT/GC

☐ **7 STI (DL12)**
If M.gen is detected, macrolide resistance testing will be carried out **without charge.**

Patient Ref/ID No.

PROFILES AND TESTS
Please specify

TAP3643B/21-11-18/V7

Clinical Details

☐ Fasting (tick if yes)

☐ Ethnic Origin (details, if relevant) _____

☐ Drug Therapy (Please specify) _____

☐ Fee to be paid by Patient/Other. **PLEASE PROVIDE ADDRESS DETAILS**

Insurance Co. _____ Membership No. _____

Patient address _____

_____ Postcode _____ Contact telephone number _____

☐ Fee to be paid by Doctor/Clinic as above

Signature _____

Date sample taken _____

Time sample taken _____

For Practice Use Only:

EDTA	SST	GREY	MSU	OTHERS	INITIALS

For Laboratory Use Only:

EDTA	SST	GREY	MSU	OTHERS	INITIALS

For Patient Service's Use Only:

TIME IN	TIME IN	TIME OUT	TAKEN BY
R	Ph	Ph	INITIALS

THE DOCTORS LABORATORY

Vacutainer	Anticoagulant	Capacity	SAMPLE TYPES
Lavender	EDTA	4ml / 10ml*	A
Gold	SST/Gel	5ml	B
Light Blue	Citrate	4.5ml	C
Red	None	6ml	F
Grey	Fluoride oxalate	2ml, 4ml	G
Green	Lithium heparin	6ml	H
Dark Blue	Sodium heparin	7ml	K

* 10ml EDTA tubes are used for specific PCR assays

Streck Cyto-chex BCT Vacutainers for lymphocyte subsets (CD3/CD4/CD8) (stable for up to 7 days). They are not suitable for other CD markers.	**Chex**
Blood culture bottle: contact laboratory	**BC**
Contact laboratory for advice on sample taking	**J**
Test by appointment	**X**
Random Faeces	**RF**
Faecal Collection	**LF**
Random Urine	**RU**
Mid Stream Urine	**MSU**
First Catch Random Urine (for DL12/Chlamydia, etc.)	**FCRU**
30ml aliquot from a 24 hour urine collection – state total volume	**CU**
30ml aliquot from a 24 hour urine collection with 10ml of 0.1N Hydrochloric Acid added – state total volume	**PU**
Early Morning Urine (1st sample of the day)	**EMU**
60ml container (sterile)	**SC**
Cytyc Thin Prep Vial	**TPV**
Orange/Blue swab for culture – swab in transport medium	**STM**
Black Charcoal swab	**CS**
Green Viral swab	**VS**
PCR swab for Chlamydia/PCR Infection Screening	**PCR**
Tap/bottled water mouth wash – 20mls	**MW**
Ammotic fluid (5mls PCR – 10mls Karyotype)	**AF**
Chorionic Villus (medium provided by laboratory)	**CVS**
Urine cytology container	**UCYT**

The Doctors Laboratory
The Halo Building, 1 Mabledon Place, London WC1H 9AX
Tel: 020 7307 7373 Fax: 020 7307 7374 E-mail: tdl@tdlpathology.com
Web: www.tdlpathology.com