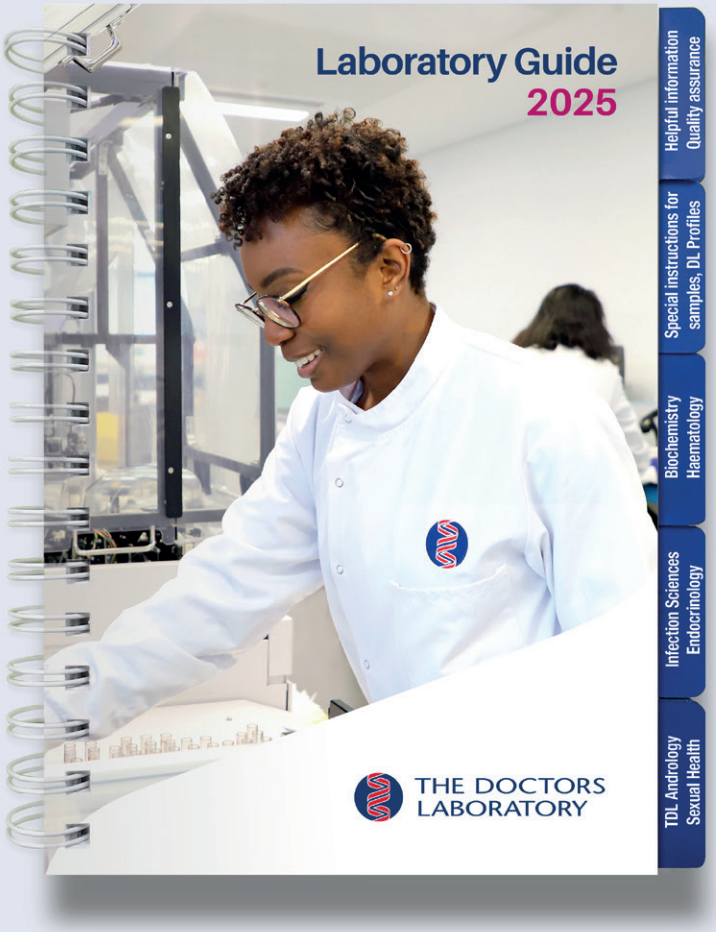
THE DOCTORS LABORATORY

TDL Laboratory Guide 2025

New, changes and updates



Every year we review requesting patterns, assay frequency, new best practice and methods, and include changes where relevant, or necessary, into the test menu. We also try to incorporate the changes that have originated from feedback received over the past year. This helps us to keep profiles and test menus as updated and relevant as possible.

Details of more than 1500 tests are listed in sections, by speciality, and through the A–Z listing (pages 183–218) in the final section of the guide. Profiles are laid out by discipline.

For advice or information about any of the tests that are listed – and particularly if you cannot find the test that you are looking for, please do contact the laboratory on **020 7307 7373**. If you need information and advice about Genetic Tests please call **020 7307 7409**.

Updated Terms and Conditions of Business from 1st January 2025 are given on page 222. Having a signed copy of the Terms and Conditions for review has become important for CQC and other organisations who carry out inspections and audits. Two copies of Standard Terms and Condition are enclosed in the Pathology Pack – one to sign and file, and one to return to **terms@tdlpathology.com**

Published prices, updates and changes that are included in the Laboratory Guide are effective from 1st January 2025.

Included in your Pathology Pack 2025

- TDL Laboratory Guide 2025
- TDL New, Changes and Updates 2025
- TDL Standard Terms and Conditions 2025
- TDL Calendar 2025
- TDL Swab Guide
- Re-order form for Laboratory Guides and Calendars

Change to TDL's Screening Profiles DL1/L – DL9F/M

For the first time, updates to the content of TDL's DL profiles DL1/L – DL8/L, DL9F/M have been made (see pages 26-27). **Profiles DL10 – DL12 have not been changed.**

- **Serum Magnesium (MG)** will be included in all of the Biochemistry profiles.
- **LDH** and **CK** have been removed from all of the Biochemistry profiles.
- **HbA1c (GHB)** has been included in DL6/L, DL7/L, DL8/L – Glucose remains in these profiles.

There is no additional charge for these additions.

Discontinued tests

Laboratory tests may be discontinued at short notice for a variety of reasons such as changes with reagent manufacturers, analyser development, supply chain, suspension or regulatory review.

Depending on the reason, tests may be discontinued by manufacturers for short or long term – or even permanently and sometimes TDL may have been given very little notice. Whilst every effort is made to look for a comparable alternative service this is not always possible and even where an alternative is available, the turnaround times, normal values and methodology may be different. Comment will be given to results with these changes. Where there is no suitable alternative, the laboratory will notify as it may not be possible to store samples for the long term and it may be necessary to discard them or return them to the referrer.

Discontinued tests are shown on the TDL website:

www.tdlpathology.com/discontinued-tests/

The **FASTest Sexual Health Screens** that have been offered for CT/GC for many years where results were needed ahead of expected times will be discontinued as faster turnaround times for CT/GC have become standard.

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View TDL Discontinued tests at:

www.tdlpathology.com/discontinued-tests/

Request forms

A range of standard TDL and TDL Genetic request forms are available on the TDL website.
PDF versions of these request forms are available at **www.tdlpathology.com/tests/request-forms/**

These include speciality specific request forms that cover the detailed information required for individual patients:

- Stockholm3 for risk evaluation of prostate cancer (STK3)
- Ziwig endometriosis test (ENDT)
- Non-invasive prenatal testing (NIPT)
- Examen sperm COMET (CMET) (see page 68)
- Leukaemic Studies

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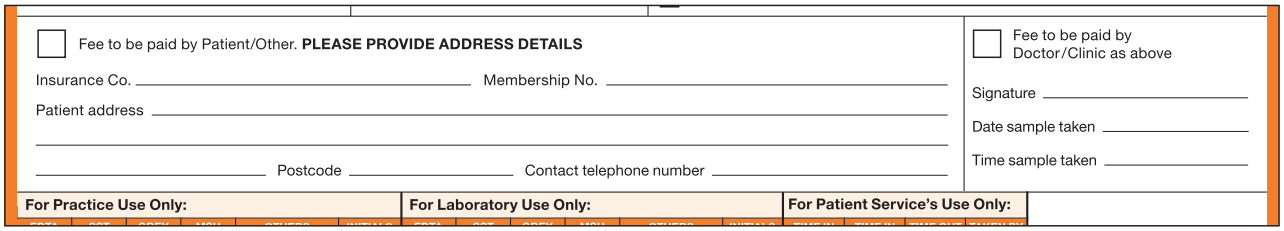
Download TDL Request forms from:

www.tdlpathology.com/tests/request-forms/

Efficient and accurate data entry and invoicing processes are dependent on the detail given with the request form that accompanies each request. For patients who are claiming through their private medical insurer, special attention must be given to providing the **Name of the insurer** (e.g. BUPA) together with the patient's **Membership Number**, pre-authorisation details if known and their **Home address**.


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: | **For Laboratory Use Only:** | **For Patient Service's Use Only:**

Links – is your practice management system able to link directly with the laboratory?

Many clinics with practice management systems may not appreciate that their system will allow the functionality to link requests when ordering tests. Approved electronic requests that properly link are more accurate, faster, more efficient, and most importantly they significantly reduce manual entry errors. Please check to find out whether it is possible to link through your own practice management system or via eViewPlus.
To see if your own platform will link to TDL, in the first instance please contact your system provider.

TDL eView –upgrade to TDL eViewPlus

TDL eViewPlus allows users to create request forms without the need for the set-up and cost of a linked practice management system. More importantly, eViewPlus significantly improves the speed and accuracy of data entry for the laboratory as the request forms are QR coded for scanned input compared to manual entry from paper forms.

eViewPlus is a secure login and password protected system

- Allows access to results in real time
- Provides cumulative results
- Allows printing of results
- Allows for 100% accuracy for test codes/ patient demographics
- Minimal office equipment required – use your standard printer
- Allows forwarding of results in PDF format to patients, clinicians, clinics, etc.
- Creates a QR coded request form
- Clear flagging of essential information fields
- Accepts all test codes – single tests, TDL and personal profiles
- Allows entry for clinical details
- No charge for this service

To be set up or for information about TDL eViewPlus contact **eviewplus@tdlpathology.com**

Important: Sample labelling

Please **ALWAYS label all swabs, non-gynae cytology and fine needle aspirates** with the **Site** from where the sample was taken, as well as patient's full name, date of birth and any other relevant identifiers. **This is very important** to ensure that the most appropriate processes are used to target the most likely pathogens.

Guide to swabs – culture and PCR

Specialist swabs and their essential functions, and differences between manufacturers, can be very confusing – and ordering and using the correct swabs for the sample and test to be carried out has become much more important than it used to be.

Patient request forms and swabs **must** both be labelled with details of the body site from where the swab was collected. For cultures this is particularly important as the swab site will determine the appropriate culture medium required to target the most likely pathogens.

The appropriate swabs are listed and illustrated to help with ordering supplies for the practice correctly.

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Download TDL Guide to Swabs from:

www.tdlpathology.com/tdl-guide-to-swabs/

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Download TDL Supplies Order Form from:

www.tdlpathology.com/tests/request-forms/

TDL Postal pathology

www.tdlpathology.com/services/tdl-postal-pathology/

Postal pathology services should be considered by all practices in the UK for whom courier collections cannot be offered geographically. Royal Mail provides a rapid delivery service to the laboratory.

All pathology postal packs provided by TDL are made up with Royal Mail Tracked 24 returns. This provides a particularly suitable method of transport for any healthcare organisation.

Postal pathology with Tracked 24 returns provides:

- Simple and convenient sample handling throughout the UK for most tests using all/any Royal Mail post boxes. **Do not post samples that must be received on the same day of sample collection (e.g. TBQ4, D-Dimers, Coagulation assays, etc.).**
- Postal pathology provides scope for large and small numbers of samples
- Next morning delivery
- Allows patients and practices to track samples through the Royal Mail system
- There is a charge of £3.74 for each Royal Mail Tracked 24 pack. This charge is itemised as HPOS or MPOS in monthly invoices.

Ziwig Endotest® for endometriosis

The updated Ziwig Endotest® for endometriosis was introduced again during 2024 with a revised turnaround times of 2-3 weeks.

The Ziwig Endotest® won International Prix Galien 2024 in the category 'Best Medical Technology Product with greatest potential impact on human health'. This recognition by International Prix Galien confirms the international contribution for improved diagnosis of this condition.

Ziwig also gained CE-IVD accreditation for Endotest saliva samples to be self-collected by the patient without clinician supervision. **This test is not a patient self-referral** and requests for testing must be made by the patient's GP or Consultant. Results will be sent to the referring clinician, not to the patient.

TEST	CODE	SAMPLE	TAT
Ziwig Endotest®	ENDT	Saliva for MicroRNA testing Saliva collection kits are provided by TDL for practice use or for patient self-collection – please contact endotest@tdlpathology.com to order kits	2-3 weeks

Self-Collect testing

Usability, clinically approved stability and the comparative performance of vacutainer vs microtainer are the essential requirements for acceptance for Self-Collect tests.

Newly approved tests for Self-Collect tests now include:

- FBC – with Hb, WCC, RBC and Platelets
- Apolipoprotein A1, Apolipoprotein B can now be combined with Lipoprotein(a), Lipase, hsCRP and Lp-PLA2 testing

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Download TDL Self-Collect Brochure from:

www.tdlpathology.com/self-collect-brochure/

Requests by doctors for Self-Collect kits for their patients continue to grow across targeted areas of healthcare – sexual health, genetic conditions, pre-admission work ups, companion diagnostics. All Self-Collect samples are sent to the laboratory by Royal Mail Tracked 24 for testing.

The range of tests for practices who want to order Self-Collect kits for their patients has been updated (October 2024). The option to request vacutainer kits to be carried out by a patient's local phlebotomy service can also be requested through **orders@tdlpathology.com**.

Digestive diagnostics

There has been a significant increase in investigations being undertaken for gastrointestinal conditions. The most commonly investigated digestive disorders include:

- Gastro-esophageal Reflux Disease
- Gallstones
- Coeliac Disease/Gluten Intolerance
- Crohn's Disease
- Ulcerative Colitis
- Irritable Bowel Syndrome
- Haemorrhoids
- Diverticulitis

TEST	CODE	SAMPLE	TAT
QFIT (single test)*	QFIT	**QFIT** / **QFIT** sample collection device	1 day
Calprotectin (single test)	CALP	**QFIT** sample collection device	5 days
QFIT and Calprotectin*	QCAL	**QFIT** / **QFIT** sample collection device	5 days
Elastase	ELAS	**RF** / Stool or faecal container	5 days
H. pylori Antigen	HBAG	**RF** / Stool or faecal container	3 days
Enteric Organisms Rapid Detection**	EORD	**RF** / Stool or faecal container	2 days
Stool for OCP and Culture***	PENT	**RF** / Stool or faecal container	2-3 days

*A QFIT sample collection device must be used for single testing and for combined QFIT and Calprotectin testing (QCAL), and strongly recommended for Calprotectin as a single test. Results are reported individually for requests for QCAL.

** Results are reported for individually for 28 viral, bacterial and parasitic pathogens.

*** 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 requesting more than one stool test please use multiple pots as this speeds up processing and reporting.

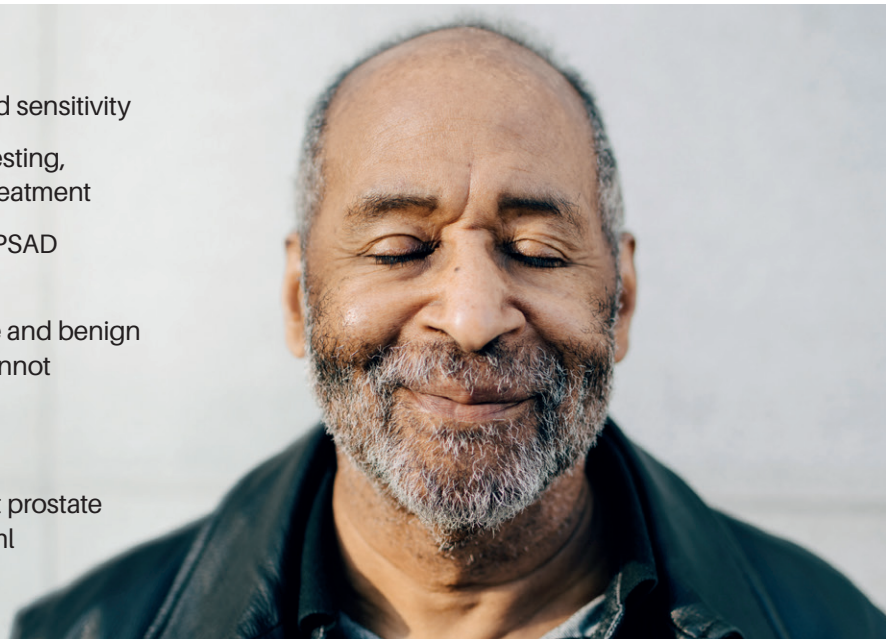
Do not overfill, but please ensure that each stool pot is half-filled.

Stockholm3 test for early detection of Prostate Cancer

Stockholm3 is a blood test that helps to predict risk of clinically significant prostate cancer in men aged 45–74 years with a PSA level greater than 1.5 ng/ml where no previous diagnosis of prostate cancer has been made. Stockholm3 combines genetic markers, proteins and clinical data in an algorithm to help identify clinically significant prostate cancer. It allows for screening in primary or secondary care settings and is equivalent across diverse ethnicities. Apart from a strong health economic case, the result from a Stockholm3 test can be used to reduce unnecessary imaging or invasive diagnostic procedures.

Key characteristics of Stockholm3

- Increased early detection – increased sensitivity
- Increased specificity reduces over testing, unnecessary biopsies by 50% and treatment
- Higher accuracy compared to PSA, PSAD and prostate cancer risk calculator
- Can distinguish between aggressive and benign tumours in a way that PSA testing cannot
- Validated in combination with MRI and in multiple ethnicities
- Shown to detect clinically significant prostate cancers in PSA levels of 1.5–2.9 ng/ml
- Reduces healthcare costs



Stockholm3: diagnostic patient pathway, including STKR (reflex testing to STK3 from PSA with results of >1.5)

Gender	Male
Intended age	45–74 years, not had prostate cancer, PSA > 1.5 ng/ml
Clinical data required	Age, family history of prostate cancer, previous biopsies, use of 5-alpha reductase inhibitors (Avodart [Dutasteride] or Proscar [Finasteride]).
Test code STK3	2 x EDTA tubes must be received within 24–36 hours of sample taking. TAT up to 2 weeks.
Test code STKR	PSA levels of >1.5 combined with reflex testing to STK3. 1 x SST, 2 x EDTA tubes must be received within 24–36 hours of sample taking. TAT up to 2 weeks.

A Stockholm3 risk score of >11 is considered to be an indicator of clinically significant prostate cancer risk and referral to a urologist for further investigation is recommended.

For further information about the test please contact **stockholm3@tdlpathology.com**. Don't post samples to TDL as the timing for receipt of samples within 24–36 hours is important.

European Urology Oncology 27 Nov 2024:

Stockholm3 validated in repeat screening for prostate cancer

A new article highlights the effectiveness of Stockholm3 for improving repeat screening for prostate cancer. This clinical study demonstrated that using Stockholm3 instead of testing for traditional prostate-specific antigen (PSA) increased the detection of clinically significant cancers by 31%, without increasing the need for MRI.

Three-quarters of all prostate cancer testing is repeat testing, meaning that the man has been previously tested and is now returning for the second, third, fourth or more times. The study reinforced the role of Stockholm3 in repeat screening settings, by improving detection rates for clinically significant cancers, reducing unnecessary procedures and optimizing resource utilization.

LC MS Mass Spec Total Testosterone

Testosterone must be the world's most discussed hormone, but general understanding about testing is much less well known. Immunoassay methods are widely used to measure testosterone, providing a reliable method of measurement in many use cases. However, whilst this is accepted for standard testing, this methodology carries a possibility of analytical interference and cross-reactivity with structurally similar biological compounds, which can lead to a false, overestimation of circulating testosterone concentration.

Measurement of total testosterone by tandem mass spectrometry (LC-MS/MS) is a methodology with greater specificity, providing a more accurate measurement of testosterone, important when assessing lower levels of testosterone found in females, children and hypogonadal males.

The British Menopause Society recommends LC-MS/MS for the measurement of total testosterone levels, both to exclude high baseline concentrations before treatment is commenced and to ensure that levels remain within the female physiological range when monitoring supplementation (https://thebms.org.uk/wp-content/uploads/2022/12/08-BMS-TfC-Testosterone-replacement-in-menopause-DEC2022-A.pdf)

Female Reference Ranges		0.7–2.8 nmol/L (normal)
		0–0.7 (low)
Male Reference Ranges	15 years	0.9–2.7 nmol/L
	15–49 years	9.2–55.8 nmol/L
	50+ years	6.3–26.5 nmol/L

Self-Collect HPV samples

The Self-Collect HPV Test provides women with the option to self-collect a vaginal specimen for HPV testing. There is well documented high level of concordance between the HPV DNA results from self-collected and clinician-collected specimens.

A **NEGATIVE HPV result** means that these high-risk subtypes HPV have not been 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.

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

HPVY Self-Collected HPV DNA incorporating a collective of high risk subtypes.

HPVZ Self-Collected HPV DNA with individual reporting of all High Risk subtypes (16, 18, 31, 33, 45, 35, 39, 51, 52, 56, 58, 59, 66, 68, 26, 53, 69, 73, 82).

Results will always be sent directly to the requesting clinician, clinic or healthcare organisation.

For information and packs, please contact **UKCAkits@tdlpathology.com**

Service email addresses

Addons@tdlpathology.com	Request **additional tests** for a sample already in the laboratory
Andrology@tdlpathology.com	Arrange an **appointment for semen analysis** (or call **020 7025 7940**)
Couriers@tdlpathology.com	Contact couriers as an alternative to **online booking**
UKCAkits@tdlpathology.com	Information for **self-collection kits/service**
eviewplus@tdlpathology.com	To arrange a secure login/password for **results look-up**
finance@tdlpathology.com	Contact credit control for **invoice related queries**
Homevisits@tdlpathology.com	**Arrange a home visit** for your London based patients
patientreception@tdlpathology.com	Email ahead for **special arrangements** for your patients
phlebotomy@tdlpathology.com	Email for **special arrangements** for patients when needed
Supplies@tdlpathology.com	**Order pathology supplies/postal packs** for TDL samples
tdl@tdlpathology.com	**General enquiries**

The TDL Laboratory Guide 2025 is designed to give you an easy to use reference, for the most regularly requested tests and profiles. If you need help or advice in finding information about tests or services, please contact the laboratory on **020 7307 7373** or email **tdl@tdlpathology.com**. We will continue to develop clinically relevant diagnostic services and our aim is to offer commitment to customer service, strong working relationships and help and support to doctors and their practises.

The Doctors Laboratory, The Halo Building, 1 Mabledon Place, London WC1H 9AX
P +44 (0)20 7307 7373 | **E** annette.wilkinson@tdlpathology.com