

**St. James’s Hospital**

**LabMed Directorate**

**General Practitioner Pathology - Laboratory Service Provision Policy**

**SJH:LabMed 006**

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| --- | --- |
| **Owner:** Laboratory Manager | **Approved by** Laboratory Clinical Director |
|  | Dr. Niamh Leonard |
| **Reviewed by:** Quality Manager | **Effective from:** | September 2023 |
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This policy replaces all existing policies from October 2023 onwards and is due for review in September 2025. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and substantial organisation, professional or academic change.

**Distributed to:** Local Health Offices (LHO) in the Dublin region, South Inner City Partnerships (SICP), DSW, Laboratory Personnel; approved General practitioners in SJH Laboratory Information System

Posted SJH Website:

<https://www.stjames.ie/intranet/ppgs/clinicaldirectorates2/>

1. **Policy Statements**

The Laboratory Medicine and Molecular Pathology (LabMed) Directorate of St James’s Hospital is committed to the provision of a quality service to General Practitioners (GPs) and for their adult patients operating and residing, primarily, within the St. James’s Hospital catchment areas. Specimens are processed from adults aged 16 years or older. Specimens collected from Children will not be processed from GPs.

The defined timelines for delivery and receipt of patient GP specimens collected by General Practitioner services for testing in the LabMed Directorate is Monday to Friday from 8 am to 5 pm. Please do not deliver specimens after 5pm on weekdays as it places a significant burden on our on-call scientific teams and delays the processing of urgent specimens. There is no routine or on-call weekend testing service available to General Practitioners’. Any samples received after the cut-off time may be rejected and requesting GPs will be notified accordingly.

GPs requiring access to pathology services that are outside the scope of general practice, such as, for the purpose of occupational health screening (e.g. visa applications), vaccinations, fertility testing, specialist clinics etc., are required to enter into a service level agreement with the SJH LabMed Directorate for those services. Please contact the Laboratory Manager to progress service level agreements and arrangements.

GPs requiring access to pathology services for the purpose of treating adult patients should reside within the designated St James’s Hospital HSE Hub areas and require an application to be made to the directorate. GPs should use the Hospital laboratories covering their own natural constituency area.

The current test repertoire available to General Practitioners is determined by the laboratory consultants, based on best practice guidelines, including the requirements of national programmes. Medical scientists may assess the suitability of any laboratory tests ordered and reject requests based on laboratory procedures, technical/scientific competency and patient history. The Laboratory pathology services available to General Practitioners are listed in our LabMed User Guide (LP-GEN-0007) on the St James’s website (<https://www.stjames.ie/services/laboratorymedicinelabmed>) where information on individual tests and departments is fully searchable. These also listed in Appendix 1 of this policy. Laboratory tests not listed in Appendix 1 are not routinely available and requests may be rejected based on inadequate clinical information provided.

1. **Policy Aims**
	1. To define the “catchment” areas within which St James’s Hospital Laboratory will provide phlebotomy and laboratory services to General Practitioners.
	2. To direct General Practitioners using the laboratory services in the procedures and standards they are required to meet in order for the laboratory to provide a safe and effective quality service.
	3. To define the laboratory pathology investigations routinely available to General Practitioners.

1. **Standard Requirements from General Practitioners**
	1. **Provision of emergency contact details (mobile phone) for reporting of “critical” results outside normal practice hours. (Reference: HSE** Communication of Critical Results for Patients in the Community National Laboratory Handbook)
		1. **All GP practitioners** are responsible for developing a system whereby test results returned from the SJH medical testing laboratories are examined and appropriate action taken in a timely manner.
		2. It is recognised that occasionally, unexpected critically abnormal results are found on analysis, such that laboratory staff become aware of a potential emergency before the treating GP practitioners. In these circumstances, laboratory staff must follow procedures to contact the requesting GP to relay the result.
		3. **All GP practitioners must have a system** in place whereby appropriately trained staff receive patient results, and communicate same within the timeframe indicated. Most laboratories within SJH operate a normal service between 8am and 8pm with additional on-call services 24/7 restricted to the Biochemistry, Haematology, Blood Transfusion and Microbiology laboratories. GP patient specimens requesting community tests are frequently analysed outside routine hours. GP Practitioner systems must be operational at all times and GP Practitioners must update this 24/7 contact information with the SJH laboratories in the event of any changes.
		4. SJH Medical testing laboratories require a register of General Practitioners (GPs) and all health care professionals and services who send specimens to the laboratory, including details of the appropriate contact number for transmission of critical results, during working hours, and out of hours. This phone number must be answerable by the GP (not just an answer service). Additionally, GPs are given the option of supplying their personal mobile phone number or other contact details for emergency use only directly to SJH. There is no laboratory requirement to include a 24-hour phone number on a patients request form.
		5. All GP practitioners requiring laboratory medicine services **must** provide 24-hour contact details for reporting of “critical” patient results outside normal practice hours. **This is a mandatory requirement for access to the Hospital’s laboratory services.**
		6. New General Practitioners within our catchment area requesting access to the Laboratory services in St. James’s Hospital must complete an application form (available from the Laboratory ICT Manager or from the GP & External Request Forms section of the Laboratory User Guide). Sections of the form require GPs to give the emergency contact number and must commit to using Healthlink for test requesting and receiving electronic reports. Applications are reviewed on a case-by-case basis.
		7. Existing GPs must also provide this emergency mobile number as a mandatory part of retaining the contract for services**.** Where a proxy agency e.g. “DubDoc” or “LukeDoc” is used by a GP Service, arrangements must be made between the relevant parties to ensure that markedly abnormal results can be telephoned directly to the agency, without complication and that follow up action will occur. DubDoc will not manage critical patient results but will provide contact details for a GP service where available. This is a critical clinical risk management issue for all parties concerned. In the event that a proxy agency or the requesting GP is non contactable, then the Consultant Pathologist, based on the laboratory results, the patient’s history and any other relevant clinical information, may contact the patient or next-of-kin directly, if deemed appropriate in the circumstances. The recording of the patient’s phone number on the request form will assist this process, in the unlikely event that it becomes necessary. This approach is not ideal but is a patient safety issue in the event the patient’s doctor is not contactable. When a patient has no means of transport to ED, and the result indicates imminent danger, the result should be referred to the laboratory medicine consultant on call. If considered appropriate the laboratory medicine consultant should contact the National Emergency Operations Centre (NEOC) on 0818 308000 and select option 1. Identify yourself and indicate that this is an emergency laboratory call to the NEOC operator.
		8. If the patient or requesting GP/clinician cannot be contacted, and the patient is in imminent danger (Category A result) the result should be discussed with the laboratory medicine consultant. When clinically indicated the laboratory medicine consultant should consider contacting Gardaí for assistance, and giving guidance on the level of urgency of treatment.
	2. **Order Communications: GP Order Communications System – Electronic Test Ordering and Results Reporting**
		1. All GPs accessing the St. James’s Hospital laboratory service **must** be registered with Healthlink [(www.Healthlink.ie](http://www.healthlink.ie/) ) for both ordering laboratory tests and receiving laboratory reports, electronically. Healthlink will be part of the new national MedLIS system and when implemented, there will be a new methodology of ordering tests for laboratories that have implemented the new system.
		2. The laboratory does not offer a referral service for tests not performed at St James’s hospital (except in exceptional circumstances based on Consultant pre-approval).
		3. The laboratory team does not report results to multiple requestors. Only the GP named on the request form with the unique SJH GP code will receive results reports.
		4. Certain STI tests (listed on Healthlink) are restricted to specific General practitioners / clinics and will be triaged locally by the laboratory teams before progressing requests.
		5. Blood transfusion tests (not listed on Healthlink) are highly specialised and are not routinely offered to GPs under any circumstance due to the nature of this discipline. However, GPs may be requested to assist with patient management by the laboratory and/or haematology team at SJH on a case-by-case basis.
		6. All GPs are strongly encouraged to use the appropriate SJH Request form for manual requests (e.g. Histology) as much as possible and this is available on our website (<https://www.stjames.ie/LabMedInformation/gpexternalrequestforms> ).
		7. GPs using the Healthlink system must at a minimum provide the first line of the patient’s address to avail of the Healthlink messaging system, without which, the order cannot be transmitted. Patient address information must be kept up to date by practitioners.
		8. **GPs, currently using the laboratory services are required to adopt Healthlink for electronic ordering and receiving reports electronically.**

**Note:** From a patient safety perspective Healthlink is the preferred mode as it eliminates potential errors associated with the manual system (5% error rate reported internationally) thus ensuring the correct results are reported on the correct patient in a timely manner. In addition, it mitigates against potential patient data breaches under the new General Data Protection Regulations, which came into force in May 2018. Such data breaches are a higher risk with manual paper based systems.

* 1. **Utilisation of Healthlink for electronic laboratory test orders and results**

The Healthlink system is designed to process electronic laboratory ordering of test results and the real-time reporting of laboratory results to General Practitioners.

Best Practices for using the Healthlink system include the following:

* + 1. Please do not over order laboratory tests: tests are expensive and time consuming for medical scientists, and excessive ordering of laboratory tests will delay results for all patients, will negatively impact our inpatients at SJH and will generate huge expense for the laboratory (monies that should otherwise be spent on new test development).
		2. All laboratory tests routinely available to General Practitioners can be ordered on Healthlink, by ticking each individual test request box on the electronic order form. Please take a moment to check that all required tests have been ticked prior to confirming the Healthlink order.
		3. SJH has adopted the National Centre for Pathology Program (NCPP) laboratory testing guidelines and reserves the right to restrict specialised tests to GPs. GPs may handwrite additional tests at the bottom of the Healthlink request form after printing based on specific clinical need for individual patients. The laboratory team will review these additional tests and determine suitability for processing. Some tests may be rejected based on scientific or clinical review.
		4. The Healthlink system will indicate the specimen type(s) required for collection (e.g. EDTA, Serum etc.) and the number of specimens required for the requested laboratory tests.
		5. The current test repertoire available to General Practitioners on Healthlink is determined by the laboratory consultants, based on best practice guidelines, including the requirements of national programmes.
		6. Any laboratory tests that are not listed on Healthlink **are not** routinely available to General Practitioners.
		7. Any laboratory test requests not found on Healthlink can be submitted by handwriting the test at the bottom of the Healthlink request form once printed.
		8. Each special test request will be assessed individually by clinical and/or laboratory personnel to determine its suitability for the patient based on the clinical details provided. Actions may include rejection of the test request.
		9. The Healthlink system is only as accurate as the patient data entered into the system by practice staff. Please ensure that all patient data, including patient name, address and DOB, are accurate in both the Practice Management System and the local Healthlink database during the patient visit. The majority of errors relate to out of date addresses for patients on the local Health link database. The Healthlink support team can assist in updating patient demographics in the local Healthlink database to ensure they match what is in the Practice Management System. Maintaining accurate records minimises the risk of non-compliance with our Laboratory Specimen and Request Form Acceptance criteria due to incorrect or mismatched patient details.
		10. Please include clinical details with all laboratory requests. This will assist in the interpretation of laboratory results and guide the requirement for any additional or follow-on testing that may be indicated, especially by abnormal results.
	1. **Patient Identification**

The practice phlebotomy/nursing staff must have in place a system to positively identify the patient before taking specimens and labelling them. Responsibility to ensure that pre-collection requirements have been met (e.g. fasting) also lies with practice phlebotomy/nursing staff.

* 1. **Criteria required for labelling Patient specimens**
		1. The use of printed labels produced by the GP practice management system that are suited to the sample container size are the preferred labelling method as it improves the transfer of accurate and legible information.
		2. Addressograph/patient labels must clearly distinguish between patient Surname and patient Forename.
		3. **MANDATORY**: All specimens i.e. the sample container, **must** be labelled with a minimum dataset which consists of the following:
* Patient’s Full Name (Surname and Forename must be clearly identified)
* Patient’s Date of Birth
* The date of collection of the specimen

**DESIRABLE**

* Time of collection of the specimen. In certain cases, information relating to the timing of specimens is required, for example, in dynamic function testing, to identify peak and trough or pre- and post-treatment specimens or where diurnal variation and circadian rhythms are important for interpreting the result
* Gender of patient (this is particularly important where requested investigations have gender-related reference ranges such as hormone testing)
* Sample type or site (for non-blood specimens e.g. MSU, Ear Swab)
	+ 1. **Specimens that fail to meet these minimum criteria will be rejected for analysis and will not be processed.**
	1. **Criteria Required for Patient Request Forms**

Note: Incomplete request forms are not acceptable and will result in specimen rejection. A repeat sample will be required which inconveniences your patients and delays the availability of test results.

* + 1. The Request Form accompanying the sample/specimen must be legibly written. The legibility of the manual request form is vital to ensure all patient details are accurate. A clearly typed or printed (i.e. use of block capitals) request form must be sent to reduce the risk of errors in patient identification, test selection or location.
		2. **MANDATORY:** The Request form must include a minimum dataset which consists of:
			- Patient’s Full Name (Forename and Surname)
* Patient’s Date of Birth
* Patient’s address (GPs using the Healthlink system must at a minimum provide the first line of the patient’s address to avail of the Healthlink messaging system, without which, the order cannot be transmitted)
* Requesting Doctor’s name and unique SJH GP Code number (used as destination for report)
* Specimen Type/Site (This is mandatory for all non-blood specimens e.g. Sputum, Ear Swab, MSU)
* Laboratory Investigation(s) required

**Strongly recommended**

* Gender (especially where Male or Female are very relevant)
* The date of collection of the specimen
* Time of collection of the specimen. In certain cases, information relating to the timing of specimens is required, for example, in dynamic function testing, to identify peak and trough or pre- and post-treatment specimens or where diurnal variation and circadian rhythms are important for interpreting the result.
* Patient’s Address (Note mandatory for Healthlink requests)
* Patient’s Clinical details and relevant history (including any drug, anticoagulant therapy or antibiotic therapy) to help in interpretation of results.
* Sample type/site (Note this is a mandatory requirement for all non-blood specimens)
* Any patient preparation conditions, such as, fasting
	+ 1. **Request forms that fail to meet these minimum criteria will be rejected for analysis and will not be processed.**
	1. **Additional request form information**

Please note:

* + 1. Additional information that might assist with the analysis and reporting should also be included.
		2. Where requests are being sent on one or both of a pair of twins, please highlight this on the request form(s). There is an increased risk of data entry errors where the surname, date of birth, gender and address are identical for both twins. Highlighting this will ensure extra checking by laboratory staff when entering these requests.
		3. Where available a patient addressograph label and the GP practice stamp must be used on all sheets of the request form as it improves the transfer of accurate clear information.
		4. Where GP specimens are being referred to another hospital prior to arrival at the LabMed Directorate, the results will only be reported back to the referring hospital, not the GP.
		5. GPs may use the SJH Request form (manual request) which is available on our website (<https://www.stjames.ie/LabMedInformation/gpexternalrequestforms> ).
		6. Certain investigations may require additional information on the specimen or request form. These are detailed in each department’s section of the LabMed User Guide at [www.stjames.ie](http://www.stjames.ie/) (click on the Lab Services tab) or by clicking on this link [**Lab User**](http://search.stjames.ie/Labmed/)[**Manual**](http://search.stjames.ie/Labmed/)

* 1. **Phlebotomy Services at St. James’s Hospital**

St. James’s Hospital has traditionally provided a limited phlebotomy service for GP referred patients. Access to this SwiftQueue service is by appointment only. Patients need to make a booking online or the GP can make the booking on their behalf by accessing the website [GP Blood Test appointment.](https://www.swiftqueue.com/pre_timescreen.php?id=10380) They can also log onto to [www.stjames.ie](http://www.stjames.ie/) and select ***Patients*** from top bar and then select ***GP Blood Test.***

A booking can also be made via Freephone number, which is **(01) 291 4516**. The appointment line will be open Mon-Fri from 2pm-4pm.

*Outside these hours you will be directed to call 1517 345 333*

*[1517 is a premium rate service charged at €2.03 per call incl VAT. Calls from mobiles will be higher]*

The SJH Phlebotomy Tube Order of Draw instructions are available on the LabMed User guide (<https://www.stjames.ie/media/CFPHL0009.pdf> ).

* 1. **Chronic Disease Management**

Please be cognisant of the national referral criteria for the GP direct access to the Chronic Disease Management program including our NTproBNP service. Please ensure that you only refer tests fulfilling the criteria below to the laboratory, to ensure that this service can be continued.

* + One NTproBNP test will be facilitated for the first GP Structured Chronic Disease Management registration visit for each patient who has a diagnosis of type 2 diabetes, ischemic heart disease or atrial fibrillation. This is in line with the GP Agreement 2019. An allowance may also be made for individuals who have a pre-existing clinical diagnosis of one of the above chronic diseases and who are already registered on the Structured Chronic Disease Management Programme but who still require an NTproBNP test to establish a baseline for their condition;
	+ Outside of these criteria, an NTproBNP may be ordered in the following circumstances, where the GP feels it’s clinically indicated;
1. For investigation of a patient who has one of the above diagnoses and presents with deterioration in symptoms; consistent with heart failure; and
2. As part of the investigative work up of a patient who presents with symptoms consistent with heart failure.
	1. **Ensuring Safe Disposal of All Materials Used in Specimen Collection**
		1. Dispose of all materials used in the collection and phlebotomy of patient specimens in a safe and secure manner in line with local regulations.
	2. **Specimen Transport**
		1. The packaging used for specimens for transport to the laboratory must be in accordance with current “Agrement Dangereux Routier” (ADR 2019) Safety Legislation and in accordance with SJH laboratory policy available at [Laboratory Specimen Transport Policy](http://www.stjames.ie/GPsHealthcareProfessionals/LaboratoryPolicesGuidelines/Lpgen0002%20Specimen%20Transportation.pdf) Advice should be sought from the Laboratory if required.
		2. The main safety principle of packing and labelling all specimens in such a manner so that they present no threat to those sending, transporting or receiving them must be observed
		3. Specimens should be sent to the laboratory as quickly as possible after they are obtained in order to avoid sample deterioration which can cause subsequent inaccurate and possibly misleading results. Of particular risk is falsely elevated potassium.
		4. Certain investigations may require that the specimen is transported under specific conditions or within a specific time interval. These are detailed in each department’s section of the LabMed User Guide at [www.stjames.ie](http://www.stjames.ie/) (click on the Lab Services tab) or by clicking on this link [**Lab User**](http://search.stjames.ie/Labmed/)[**Manual**](http://search.stjames.ie/Labmed/)
	3. **Communication**
		1. Communication and collaboration between St. James’ Hospital and GPs will be through the GP Liaison Committee.
		2. Additional communication is facilitated through the SJH website and by direct contact with the laboratory.
		3. In the event an urgent report is required, the User must alert the laboratory by telephone to clearly state the nature of the urgency and must ensure it is clearly indicated on the Request Form. The laboratory administration team is not resourced to issue routine laboratory results by phone except in emergency situations.
		4. The Laboratory Manager, Mrs Fiona Kearney, can be contacted at**fikearney@stjames.ie** for information
		5. The laboratory administration teams can be contacted at the following email addresses: **histologyrequests@stjames.ie** **or** **bsladmin@stjames.ie** **or** **microbiology@stjames.ie**
		6. Phoning the laboratory for results: Please contact the Blood Sciences office at 01 416 2051, the Microbiology office at 01 416 2966 and the Histology office at 01 416 2992.

**Bibliography**

1. Croal, B: ***The communication of critical and unexpected pathology results***, Royal College of Pathologists (UK), 2017.
2. ISO 15189 (2012): Medical Laboratories-Requirements for Quality and Competence

**Appendix 1: List of Laboratory tests routinely available to GPs (available on Healthlink)**

Specimen types vary according to test requirements. This information is detailed on the Healthlink system.

|  |  |  |  |
| --- | --- | --- | --- |
| **Biochemistry (n=41)** | **Haematology** | **Immunology** | **Microbiology** |
| Thyroid Function (Free T4/TSH) | Urate | Vitamin B12/Folate (Fasting sample) | Anti-CCP | Culture & Sensitivity |
| LH & FSH | Amylase | Rheumatoid Factor | Fungal Culture |
| Cortisol\* (time must be stated) | Magnesium | Infectious Mononucleosis screen | Thyroid microsomal antibodies (TPO) | Mycobacterial investigation |
| PSA (Supply Clinical details) | Creatine Kinase | Coagulation screen | Tissue Transglutaminase antibody (tTg) | Stool investigation |
| Oestrodial | Iron studies | INR (Warfarin) | IgG/A/M Protein Electrophoresis | Ova & Parasites (based on clinical details) |
| Progesterone | Digoxin | FBC | Connective Tissue Disease (CTD) Screen | Chlamydia / Gonorrhoea |
| Prolactin | Carbenamazapine | ESR | Only 3 Allergy tests permitted: * Animal Disorders (allergy)
* House dust mite (allergy)
* Peanut Allergy
* Mixed Grass pollen (allergy)
 | Herpes Simplex Virus |
| SHBG | Phenobarbitone | Ferritin | Varicella Zoster Virus (VZV) IgG (Immune status) \*\* |
| Testosterone | Phenytoin | Malaria screen (must contact lab) | STI screen (syphilis, HIV, HBsAg) |
| Lithium | HCG | G6PD | Measles/Mumps/Rubella IgG screen |
| CA 125 | Theophylline | Sickle cell/ Thalassaemia | Viral Hepatitis B & C screen (HBsAg + anti-HCV) |
| Glucose (2hr PP) | Valproate |  |  | Hepatitis B Infection status (HBsAg, anti-HBc) |
| Haemoglobin A1c | C Reactive Protein (CRP) |  |  | Hepatitis A IgG (HAV IgG) |
| Pregnancy test | Lactate Dehydrogenase |  |  | Hepatitis B surface Antigen (HBsAg) |
| Faecal Occult Blood (FOB) | NT Pro-BNP |  |  | Hepatitis B surface Antibody (Post vaccination) |
| Androstenedione | Vitamin D |  |  | Hepatitis C Antibody (anti-HCV core IgG) |
| Lipid Profile (fasting) | Renal Profile |  |  | Hepatitis C PCR (HCV RNA; current infection) |
| Liver Profile | Bone Profile |  |  | Syphilis serology |
| Glucose (random) | Microalbumin  |  |  | HIV Ag/An Combo assay |
| Glucose (fasting) | Protein/Creatinine Ratio |  |  | Individual serology screens (HIV, Hep B, Hep C, Hep A) |
|  |  |  |  | Individual Molecular screens (HSV PCR) |

\* For Cortisol, if the request relates to a Dexamethasone suppression test, this information must be clearly stated in the patient clinical details on the request form.

\*\* Please supply a separate sample for referral to the NVRL

**Appendix 2: List of Laboratory tests never available to GPs under any circumstance**

There are certain highly specialised tests that are never made available to GPs via the laboratory ordering system. These are highly specialised tests for inpatients only under Consultant management. This list includes but not limited to:

**Immunology Tests**

|  | **Available on Healthlink** | **Available with clinical details**  | **Not available to GPs**  |
| --- | --- | --- | --- |
| **AAT Phenotype**  | No | no | no direct order |
| **Chlorohexidine C8**  | No | no | no direct order |
| **Acetylcholine receptor Abs.**  | No | no | no direct order |
| **ADHM Adhesion Molecules** | No | no | no direct order |
| **ADRA Adrenal Abs.**  | No | no | no direct order |
| **AF10 Sesame Seed (F10)**  | No | no | no direct order |
| **AF11 Buckwheat (F11)**  | No | no | no direct order |
| **AF7 Oats (F7)**  | No | no | no direct order |
| **AIE Autoimmune Encephalitis Serum**  | No | no | no direct order |
| **AIECSF Autoimmune Encephalitis CSF**  | No | no | no direct order |
| **ALEX Alex Allergy Test**  | No | no | no direct order |
| **ALZH Alzheimer’s**  | No | no | no direct order |
| **Amphiphysin Abs.**  | No | no | no direct order |
| **ANA Antinuclear Abs.**  | No | reflex test only | no direct order |
| **ANCA Anti Neutrophil Cytoplasmic Abs.** | No | no | no direct order |
| **APS Phospholipid Abs.**  | No | no | no direct order |
| **AQP4 Aquaporin 4 Abs.**  | No | no | no direct order |
| **B2M B2 Microglobulin**  | No | no | no direct order |
| **B2TF Beta-2 Transferrin**  | No | no | no direct order |
| **BHRT Baso. Histamine Release Test**  | No | no | no direct order |
| **C1 Penicilloyl G (C1)**  | No | no | no direct order |
| **C1Q**  | No | no | no direct order |
| **C1QA Anti C1 Q Abs.**  | No | no | no direct order |
| **C1R C1r**  | No | no | no direct order |
| **C1S C1s**  | No | no | no direct order |
| **C2 Penicilloyl V (C2)**  | No | no | no direct order |
| **C5**  | No | no | no direct order |
| **C6**  | No | no | no direct order |
| **C7**  | No | no | no direct order |
| **C8**  | No | no | no direct order |
| **C9**  | No | no | no direct order |
| **CARD Cardiac Abs.**  | No | no | no direct order |
| **CD25IM CD25**  | No | no | no direct order |
| **CD163 Urinary soluble CD163**  | No | no | no direct order |
| **CEN Centromere**  | No | no | no direct order |
| **CF2 Complement Factor 2**  | No | no | no direct order |
| **CFB Complement Factor B**  | No | no | no direct order |
| **CFD Complement Factor D**  | No | no | no direct order |
| **CFH Complement Factor H**  | No | no | no direct order |
| **CFI Complement Factor I**  | No | no | no direct order |
| **CH100 Complement Function**  | No | no | no direct order |
| **CIF C1 Inhibitor Function**  | No | no | no direct order |
| **CRYO Cryoglobulins**  | No | no | no direct order |
| **CYTOK Inflammatory Cytokines - Ella**  | No | no | no direct order |
| **D70 Storage Mites (D70,71,72,73)**  | No | no | no direct order |
| **DNAC DNA Crithidia Assay**  | No | reflex test only | no direct order |
| **DNAE DNA Screen**  | No | reflex test only | no direct order |
| **DNT Double Negative T-Cells**  | No | no | no direct order |
| **EMA Endomysial Abs.(EMA)**  | No | reflex test only | no direct order |
| **EMAG IgG EMA**  | No | reflex test only | no direct order |
| **ENAID ENA Identity**  | No | reflex test only | no direct order |
| **EX72 Cage bird Mix (Ex72)**  | No | no | no direct order |
| **EXAL Referred Allergy**  | No | no | no direct order |
| **F14 Soya Bean (F14)**  | No | no | no direct order |
| **F215 rBet v 1 (Birch component)**  | No | no | no direct order |
| **F25 Tomato (F25)**  | No | no | no direct order |
| **F33 Orange (F33)**  | No | no | no direct order |
| **F35 Potato (F35)**  | No | no | no direct order |
| **F36 Coconut (F36)**  | No | no | no direct order |
| **F4 Wheat (F4)**  | No | no | no direct order |
| **F41 Salmon (F41)**  | No | no | no direct order |
| **F416 Omega-5-Gliadin (F416)**  | No | no | no direct order |
| **F420 rPrup 3 (Peach component)**  | No | no | no direct order |
| **F425 rCor a 8 (Hazelnut component)**  | No | no | no direct order |
| **F428 rCor a 1 (Hazelnut component)**  | No | no | no direct order |
| **F433 rTri a 14 (Wheat component)**  | No | no | no direct order |
| **F434 rMal d 1 (F434)**  | No | no | no direct order |
| **F435 rMal d 3 (F435)**  | No | no | no direct order |
| **F439 rCor a14 (hazelnut component)**  | No | no | no direct order |
| **F44 Strawberry (F44)**  | No | no | no direct order |
| **F440 rCor a 9 (hazelnut component)**  | No | no | no direct order |
| **F49 Apple (F49)**  | No | no | no direct order |
| **F6 Barley (F6)**  | No | no | no direct order |
| **F82 Cheese (Mouldy)(F82)**  | No | no | no direct order |
| **F84 Kiwi (F84)**  | No | no | no direct order |
| **F85 Celery (F85)**  | No | no | no direct order |
| **F89 Mustard (F89)**  | No | no | no direct order |
| **F92 Banana (F92)**  | No | no | no direct order |
| **F93 Chocolate (F93)**  | No | no | no direct order |
| **FX15 Fruit Mix (Fx15)**  | No | no | no direct order |
| **FX5 Food Mix (Fx5)**  | No | no | no direct order |
| **FX71 Spice Mix (Fx71)**  | No | no | no direct order |
| **FX72 Spice Mix (Fx72) No** | No | no | no direct order |
| **GAD Abs**  | No | no | no direct order |
| **GANG Ganglioside Abs.**  | No | no | no direct order |
| **GBM Glom. Basement Membrane Abs.**  | No | no | no direct order |
| **GE90 Avian Budgie & Pigeon**  | No | no | no direct order |
| **GM22 Micropoly. Faeni IgG**  | No | no | no direct order |
| **GM3 Asp. Fumigatus IgG**  | No | no | no direct order |
| **HIB Haemophilus-B Abs.**  | No | no | no direct order |
| **HLAB27**  | No | no | no direct order |
| **I1 Honey Bee Venom (I1)**  | No | no | no direct order |
| **I3 Wasp Venom (I3)**  | No | no | no direct order |
| **ICA Islet Cell Abs**  | No | no | no direct order |
| **IGAAB Anti-IgA Abs**  | No | no | no direct order |
|  **IgE**  | No | no | no direct order |
|  **IgG4**  | No | no | no direct order |
| **IGGSS Specific Antibody response to pneumococcus & tetanus** | No | no | no direct order |
|
| **IGGSUB IgG Subclasses (IgG1, IgG2, IgG3)**  | No | no | no direct order |
| **IL6IMM Interleukin 6**  | No | no | no direct order |
| **INAB Insulin Abs.**  | No | no | no direct order |
| **IGRA IFN Gamma Release Assay**  | No | no | no direct order |
| **LIVB Liver Blot**  | No | no | no direct order |
| **LKM Liver/Kidney micro Abs.**  | No | no | no direct order |
| **M3 Aspergillus Fum. (M3)**  | No | no | no direct order |
| **M5 Candida/Yeast (M5)**  | No | no | no direct order |
| **MAG Abs.**  | No | no | no direct order |
| **MBL Mannan Binding Lect.**  | No | no | no direct order |
| **MBP Myelin Basic Pr. Abs**  | No | no | no direct order |
| **Mitachondrial Abs.** | No | no | no direct order |
| **MITE P.D.H. Abs.**  | No | reflex test only | no direct order |
| **MOG MOG Abs.**  | No | no | no direct order |
| **MUSK Muscle Kinase Abs**  | No | no | no direct order |
| **MX2 Moulds Mix (Mx2)**  | No | no | no direct order |
| **MYO Myositis Screen**  | No | no | no direct order |
| **NEUB Neuronal Blot**  | No | no | no direct order |
| **NEUS Neuronal Screen**  | No | no | no direct order |
| **NF C3 Nephritic Factor**  | No | no | no direct order |
| **NMB Naïve & CSM B Cells.**  | No | no | no direct order |
| **NMT Naïve & Eff. T cells**  | No | no | no direct order |
| **O215 Alpha Gal O215**  | No | no | no direct order |
| **OA Ovarian Abs.**  | No | no | no direct order |
| **OBFC Oxidative Burst.**  | No | no | no direct order |
| **PCA Parietal Cell Abs.**  | No | no | no direct order |
| **PLA2 Phospholipase A2 Receptor Abs.**  | No | no | no direct order |
| **PNUTCP Peanut Components**  | No | no | no direct order |
| **PR3 Anti-Proteinase 3**  | No | reflex test only | no direct order |
| **SAA Serum Amyloid A**  | No | no | no direct order |
| **SKIN Skin Biopsy**  | No | no | no direct order |
| **SKINAB Skin Abs. BP & PV**  | No | no | no direct order |
| **SMA Smooth Muscle Abs**  | No | no | no direct order |
| **STM Striated Muscle Abs**  | No | no | no direct order |
| **TACT Activated T Cells**  | No | no | no direct order |
| **TB3 Silver Birch (T3)**  | No | no | no direct order |
| **TCPR T-Cell Proliferation**  | No | no | no direct order |
| **TF Transferrin**  | No | no | no direct order |
| **TPMT TPMT**  | No | no | no direct order |
| **UC Urinary Casts** | No | no | no direct order |
| **VGCC Voltage Gated CC Abs.**  | No | no | no direct order |
| **VGKC Vol. Gated K+ Cab**  | No | no | no direct order |
| **Oligoclonal Bands CSF & Serum** | No | no | no direct order |

**Document Log**

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| --- | --- | --- |
| **Document Title** |  | **General Practitioner Pathology - Laboratory Service Provision Policy** |
| **Document Number:** |  | **SJH:LabMed006 (Previous Number SJH: LabMed (P):003)** |
| **Document Status**  | **Version Number** | **Revision Date** | **Description of changes** |
| **(New, Revision, replaced etc** |  |  |
| Revision | 2 |  | January 2008 | 1. Reference to catchment areas changed
2. Request for GPs to provide emergency contact numbers
3. Criteria for minimum dataset on specimens and request forms expanded to include patient initial, DOB and a unique patient identifier
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|  |
| Revision | 3 |  | January 2012 | 1. Revised catchment areas
 |
|  | 1. Revised scope
 |
|  | 1. Revised Healthlink use
 |
|  | 1. Revised bibliography
 |
| Revision  | 4 |  | January 2014 |  No change |
|  |  |
| Revision  | 5 |  | January 2016 | 1. Definition changes
 |
|  | 1. Standards in section 3
 |
|  | 1. Updated ADR regulations reference document
 |
|  | 1. Revised communication section removed Primary Care contact.
 |
|  | 1. Additional desirable information on specimen and request form
 |
|  | 1. Updated link to Specimen Transport Policy
 |
| Revision  | 6 |  | June 2018 | 1. New number assigned to reflect updated SJH PPG Register
 |
|  | 1. Introduced the GDPR regulations in terms of safety of data through encrypted test requesting
 |
|  |  and reporting |
|  | 1. Change gender as a labelling requirement from section 3.7.1 to 3.6.1.
 |
|  | 1. New section on GP phlebotomy appointments in section 3.8
 |
|  | 1. Section 3.10.3 Quality Manager contact details added.
 |
| Revision  | 7 | January 2022 | 1. Update section 1: to include lab operating hours and current test repertoire available to GPs
2. Update section 2: to define pathology investigations available to General Practitioners.
3. Update section 3.1 for emergency out of hours results management and clarify processes
4. Update section 3.2 for STI tests
5. New section 3.3. for managing electronic ordering and results using Healthlink
6. New section 3.10 on Chronic Disease Management
7. Update section 3.12 for communication with laboratory personnel
8. New Appendix 1 – list of tests available currently to GPs
 |
| Revision  | 8 | September 2023 | 1. Update section 1 including restricting time to deliver samples to CPL to 5pm weekdays. Medical scientists can assess the suitability of any test requested.
2. Section 3 updated to reduce over-ordering, restrictions to blood transfusion requests and manage test requests in line with NCPP guidelines. Section 3.10.4 added.
3. Section 3.11 updated to include email addresses for departments
4. Appendix 1 updated
5. Appendix 2 added
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