

Announcement – Clinical Laboratory Update

Tumour Markers (CA 15-3, CA19-9 and CA125)

We are targeting to go live with these tests on Monday June 5, 2017.

To assist with reestablishing your patients' new baselines, we will continue to refer specimens out to our current reference laboratory as well as testing them in-house for the next 2 months.

You will then be able to view both results in the Patient Care System. The testing done at KGH will be noted with a K at the end of the test name, to distinguish from the reference laboratory results. PCS test order codes remain the same.

A further communication will follow confirming the go – live date.

Please feel free to contact Dr. Michael Chan, Clinical BioChemist (x 2836) if you have any further questions.

Whole Blood Potassium

Falsely elevated potassium levels or pseudohyperkalemia may occur in patients who have extreme leukocytosis and/or thrombocytosis (WBCs or PLTs).

It is therefore important to interpret potassium levels with caution in these situations. A comment will now be attached to the potassium results in PCS, warning about the possibility of pseudohyperkalemia when the WBC count is greater than $150 \times 10^9/L$ and/or the platelet count is greater than $800 \times 10^9/L$.

You may consider repeating the potassium testing on a Core laboratory blood gas analyzer if you are concerned about pseudohyperkalemia.

This can be done by ordering a Whole Blood Potassium (test code is BK).

Please feel free to contact Dr. David Good, Service Chief for Hematopathology (56-32823) or Dr. Michael Chan, Clinical BioChemist (x 2836) if you have any further questions.

Tobramycin

Tobramycin reports are now customized to dosing protocol and collection time. The appropriate reference intervals will accompany each Tobramycin report.

Critical results can be readily identified, allowing lab staff to contact ordering physicians/sites immediately.

Please ensure the correct ordering codes are used when ordering Tobramycin.

Traditional/Conventional Dosing

Pre Dose Collection Code TOBPRE
Post Dose Collection Code TOBPOS

Extended Dosing:

Pre Dose Collection Code TOBPRX
Post Dose Collection Code TOBPOX

Please feel free to contact Dr. Michael Chan, Clinical BioChemist (x 2836) if you have any further questions.

Fluid code update

There have been recent changes to the FLCC code (fluid cell count). The originating site is now a mandatory field to be completed in PCS.

This has been done to enhanced patient care as more than one anatomical site can be collected at the same time.

Reminder: All peritoneal dialysis, peritoneal, and ascites fluids should be ordered as SBPCC (spontaneous bacterial peritonitis cell count).

Collection tube type updates:

1. Collection tube labels have been changed for the following tests to indicate when a patient specimen must be kept in dark (covered in foil).
 - Methotrexate, 7-Dehydrocholesterol, Vitamins A, B1, B6, and E, Carotene, Quantitative Porphyrins, Porphobilinogen Deaminase.
2. Other collection tube labels that have been changed are as follows:
 - ACTH and ADH now require 2 tubes
 - Most TDM have been moved to a red top vacutainer
 - PTH related Peptide is now collected on a sodium heparin vacutainer
 - Sirolimus and Cyclosporine will now generate their own collection labels, separating them from other lavender collection tube tests (ex: CBC)

Upcoming collection tube changes, targeted for early to Mid-June

1. HCG will change to lithium heparin from SST tube (gold top).
2. Cortisol will change to lithium heparin from SST tube (gold top).
3. LDH will change to SST tube (gold top) from lithium heparin (Reason for LDH tube change: Cellular aggregates in the top layer of plasma are known to cause random errors in LDH results. Use of serum eliminates this variable in plasma specimens. Compare to plasma results, serum LDH values may be higher, lower, or the same as plasma. These differences are negligible under pathological conditions. Reference ranges for LDH remain unchanged.)
4. RBC and serum folate will be updated to reflect the need to be protected from light.
5. A number of Special Coagulation tests will see an increased number of collection labels due to testing needs.

The Core Laboratory Requisitions will be updated to reflect these changes, once all changes are completed in the IT systems.

24 hour urine collections

Reminder: When collecting a 24 hour urine specimen, ensure you record the time of last void on the container.

Please feel free to contact Donnah Pocius, Manager of Core Lab (x 4182) if you have any further questions.