# CHANGE TO IMMUNOLOGY BLOOD TEST PROVISION Planned Changes to the Immunology Service at BRILS

## Additional Separate Serum Sample for All Immunology Testing Required

#### Full message:

As of Monday 26<sup>th</sup> February 2024, part of the Immunology service for BRILS (Barnsley and Rotherham Integrated Laboratory Services) will transfer over to the Immunology Department at Sheffield Teaching Hospitals. This is part of the wider South Yorkshire and Bassetlaw Pathology (SYBP) transformation project. In South Yorkshire and Bassetlaw the five Acute Trusts are working together to develop a single Pathology Service; this is to benefit both patients and staff in a way that could not be achieved by each Trust in isolation.

Changeover will be a managed, measured change and quality standards will, as a minimum, be maintained. There are some differences in turnaround times, with improved turnaround (TAT) for some tests and slightly lengthened TATs for others. **This is not detrimental to patient care.** If any test is required more urgently, please contact Rotherham Immunology on **01709 42(4250)**. There will be some differences in the reporting of results (quantitative vs qualitative, or some slight differences in reference ranges) and the handbook will be updated to reflect these changes. As part of this work, there will be some changes to our current practice which **we will start to implement over the coming weeks**.

Samples will be stored frozen for a minimum of 1 month at Sheffield following testing. Please contact Immunology lab at Rotherham on the number above if you require any additional Immunology tests adding, or complete the add on request form. We will require a separate serum sample for all Immunology testing.

As a reminder, please see the link to guidance on minimal testing intervals to ensure Immunology tests are not over requested. See section 4 for the Immunology recommendations:

https://www.rcpath.org/static/253e8950-3721-4aa2-8ddd4bd94f73040e/g147 national-minimum retesting intervals in pathology.pdf

#### Contact details for people to find out more information:

For questions or queries, please contact angela.wardle1@nhs.net. or thomas.owen3@nhs.net

The Immunology Tests Affected are listed on page 2:-

### The affected tests are:

Test	Comments
Antinuclear antibodies (ANA)	
Liver kidney stomach (LKS) tissue multiblot	Includes mitochondrial antibody, smooth muscle antibody, parietal cell antibody and liver kidney microsomal antibody
Anti Nuclear Cytoplasmic Antibody (ANCA)	
Confirmatory ANCA testing (PR3, MPO)	
IgA Tissue Transglutaminase (TTG)	
Confirmatory IgA Endomysial antibodies	
Extractable Nuclear Antigen (ENA) screen	Also used as a confirmatory test based on the ANA result
Confirmatory ENA Typings	
dsDNA Antibody	Also used as a confirmatory test based on the ANA result
Confirmatory dsDNA by Crithidia lucillae	
Intrinsic Factor Antibody	
Gliadin antibodies	
Anti Glomerular Basement Membrane Antibody (GBM)	
Anti Centromere B Abs	Confirmatory test based on ANA result
IgG TTG	Additional test performed on IgA deficient patients to rule out coeliac disease
Anti Mitochondrial M2 Abs	Confirmatory test based on LKS result

As part of this work, there will be some changes to our current practice which **we will start to implement over the coming weeks**:

Test(s)	Change to current practice/Comments
ANA, LKS	No longer performing confirmatory (reflex) testing on positive results
dsDNA by Crithidia lucillae	Will only be reflexed on the first positive dsDNA ELISA result
IgA endomysial antibodies	Will only be reflexed on weakly positive IgA TTGs. Strongly positive IgA TTGs will no longer trigger a reflex IgA TTG
IgG TTG	Will no longer be reflexed where total IgA is low, but this test can still be requested if required
Immunology profiles	What is stated on the request form is exactly what will be tested e.g. currently, if an ENA is requested, ANA will be tested also. Please ensure all required tests are selected when making the request.
PR3 and MPO	No change – will continue to reflex PR3 and MPO on positive ANCA screens
ENA typings	No change – will continue to reflex ENA typings on positive ENA screens
Total IgA on low IgA TTGs	No change – will continue to reflex Total IgA to rule out IgA deficiency on low IgA TTGs