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Questions or comments?

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The laboratory carries out a lot of tests - last year this was over 25 million!! We spend over 90 hours every week telephoning results, however we often have to guess exactly what people want, how quickly they want specific results, and whether the comments we provide are useful... hence I'm taking this opportunity to plug our latest user survey which is due to be circulated next month. It really does help us in planning for the future... and we do like compliments too!!

Newsletter Spotlight



If you have any requests for topics you'd like to see in future newsletters, please let us know...

B12 & HOLOTRANSCOBALAMIN (HoloTC)

You may have already read the communications we have sent in recent months informing about this new test that has been available since 10th January 2022...

HoloTC is now reported together with your Vitamin B12 request, only if the B12 result is less than 300 pmol/l. In such cases you will see that the B12 result is omitted and only HoloTC is reported with an interpretive comment to guide the management of your patient.

Whilst the B12 assay detects the total vitamin content, HoloTC only detects the B12 fraction that is metabolically active. NICE reviewed HoloTC in 2015 (Mib40) and concluded it has greater diagnostic accuracy for vitamin B12 deficiency.

This improvement aims to:

- Improve the diagnosis of B12 deficiency
- Optimise the identification of patients that require B12 replacement
- Reduce phlebotomy requests for B12 since repeat phlebotomy for confirmation of borderline low results will not be required for most cases
- Improve patients' care

Note: HoloTC will be a laboratory reflexed test only for B12 results less than 300pmol/l; it is not available for requesting in ICE.

You can access further information on BMJ Best Practice - <u>Vitamin B12 deficiency - Symptoms, diagnosis and treatment | BMJ Best Practice</u> (https://bestpractice.bjm.com/topics/en-gb/822)

Phlebotomy at the NNUH is BY

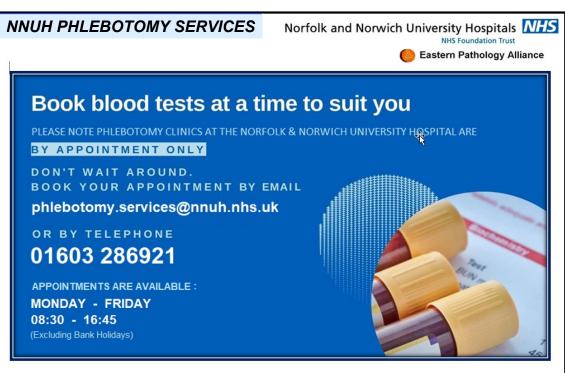
APPOINTMENT ONLY

Patients arriving without an appointment will have to be turned away and booked for another day.

To avoid your patients any inconvenience, please could you provide a copy of the following leaflet to your patients when giving them their request form.

Thank you for your support.

Sally Bailey
Phlebotomy Manager





DUTY BIOCHEMIST: NEW EMAIL ADDRESS!

Our Duty Biochemist shared mailbox address has changed.

The new address to email the Duty Biochemist is:

NNUH.Dutybiochemist@nnuh.nhs.uk

This account will be regularly checked Monday to Friday between the hours of 0900h and 1730h.



PATIENT PHONE CALLS

The Laboratory is not allowed to give out results to patients



The EPA laboratories (QEH, JPUH & NNUH) are continuing to receive telephone calls from patients asking for their blood results and telling us that their GP surgery has advised them to contact us....

If you are unable to locate the electronic record of a result <u>you must call us yourselves</u>, not advise the patient to do so.

Results can only be given to the clinical team looking after the patient.

EPA USER SURVEY

In September 2022 EPA will be issuing its User Survey. This will give you an opportunity to let us know how you rate our services.

In the past we have, unfortunately, had a poor response to these surveys. This is disappointing as it means we have lost an opportunity to identify areas of our service which are doing well as well as those where we need to make improvements.

In the hope of receiving more responses this year we have changed the format so it should now take less than 10 minutes to complete, and it is now based on a simple star rating system, with space provided for you to provide additional information should you feel it is needed.

By supporting us with this survey, we can then do our best to support you.

TRIPLICATE FORMS

Please can you ensure that ALL copies of triplicate forms sent to the laboratory are clearly legible? Each copy is processed within a separate section of the laboratory and we are receiving increasing numbers of forms where the 2nd and 3rd pages are not clearly legible (see example below).



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