

| Dept    | Discription of Changes from Ver. 3.12 to 3.13 GUH LAB USER GUIDE   | Page No. Ver. 3.12 | Page No. Ver. 3.13 |
|---------|--|--------------------|--------------------|
| General | <p>Changed: USE OF THE LABORATORY from page 12 to 13</p> <p>Changed: PHLEBOTOMY SERVICE from page 18 to 19</p> <p>Changed: TRANSPORT OF SPECIMENS TO THE LABORATORY from page 20 to 21</p> <p>Changed: REPORTING RESULTS from page 23 to 24</p> <p>Changed: BLOOD AND TISSUE ESTABLISHMENT from page 25 to 26</p> <p>Changed: DIVISION OF ANATOMIC PATHOLOGY from page 43 to 42</p> <p>Changed: MORTUARY SERVICES-AUTOPSY from page 53 to 52</p> <p>Changed: IMMUNOLOGY DEPARTMENT (SUPRAREGIONAL SERVICE) from page 57 to 56</p> <p>Changed: HAEMATOLOGY LABORATORY from page 69 to 70</p> <p>Changed: MEDICAL MICROBIOLOGY DEPARTMENT from page 73 to 74</p> <p>Changed: ALPHABETICAL TEST DIRECTORY from page 91 to 90</p>  | 1                  | 1                  |
| General | Updated header spacing   | 2                  | 2                  |
| General | <p>Updated footer to current version, updated dates of authorisation and review</p> <p>Removed: "<del>Martina Doheny</del>", added: "Prof. Murray and Dr. Phelan"</p>  | 2                  | 2                  |
| General | <p>1. The Laboratory Medicine Service</p> <p>removed: "Laboratory Manager : Ms. Martina Doheny Email: martina.doheny@hse.ie"</p> <p>Added: "Associate Clinical Director for the Laboratories: Dr. Sine Phelan Email: Sine.Phelan@hse.ie"</p>   | 3                  | 3                  |
| General | <p>2. General Information</p> <p>2.3 Contact Information</p> <p>Updated laboratory manager</p> <p>Removed: "<del>Ms. Martina Doheny</del>", Added: "Not appointed"</p>   | 10                 | 10                 |
| General | <p>2. General Information</p> <p>2.3 Contact Information</p> <p>Specimen reception:</p> <p>Removed: "<del>Ms. Bridie O'Donnell</del>", added: "Ms. Karen Mullins Central Reception Manager"</p>  | 10                 | 10                 |
| General | <p>3. Use of the Laboratory</p> <p>3.1 Register of Users:</p> <p>Removed: "<del>Liz Neville, liz.neville@hse.ie</del>", Added: "Pearse Timothy, Pearse.Timothy@hse.ie"</p>   | 12                 | 13                 |
| BIO     | <p>2. General Information</p> <p>2.3 Contact Information</p> <p>Clinical Biochemistry:</p> <p>removed <del>Ms. Michelle Finnegan Michelle.finnegan@hse.ie</del>, added Ms. Martina Doheny martina.doheny@hse.ie;</p> <p>removed: <del>Mr. Liam Blake liamM.blake@hse.ie, Phone Ext : 2709</del>, added: Dr. Janice Reeve janice.reeve@hse.ie Phone Ext : 8752,</p> <p>added: Ms. Karen Heverin Principal Clinical Biochemist karen.heverin@hse.ie Phone Ext: 8752</p> <p>added: Dr. Verena Gounden Consultant Chemical Pathologist Verena.Gounden@hse.ie Phone ext. 8200</p>   | 6                  | 6                  |
| BIO     | <p>8. Clinical Biochemistry Department</p> <p>8.4 Biochemistry Tests</p> <p>Replaced: "Summary of Blood Specimen volume requirements" with "Summary of Request Forms and Blood Specimen including Volume Requirements"</p>   | 38                 | 38                 |
| BIO     | <p>8. Clinical Biochemistry Department</p> <p>8.4 Biochemistry Tests</p> <p>Added: "A single request form may be utilised for General Biochemistry, Glucose and HbA1c requesting, ensuring the appropriate number of specimens are provided. Specialist tests performed in-house and special assays referred to external laboratories require individual request forms and separate specimens. Once collected, submit the entire specimen to the laboratory with the appropriate request form."</p>  | 38                 | 38                 |
| BIO     | <p>8. Clinical Biochemistry Department</p> <p>8.6 GP Specimens</p> <p>Updated: The target turnaround time for routine GP requests is <math>\geq 4</math> working days.</p>   | 39                 | 39                 |
| BIO     | <p>8. Clinical Biochemistry Department</p> <p>8.13 Near Patient Testing (NPT)</p> <p>added: "ketone monitoring," and "Ketone meters are available in critical care and diabetic outpatient services."</p>  | 40                 | 40                 |
| BIO     | <p>8. Clinical Biochemistry Department</p> <p>8.13 Near Patient Testing (NPT)</p> <p>The development of an integrated laboratory-connected and managed NPT service for critical care analysers, glucose meters, added: ", ketone meters "</p> <p>added: "Feedback</p> <p>The clinical biochemistry department welcomes feedback from clinical users and patients, both positive and negative. All feedback is communicated to management and staff to allow us to shape our processes. Complaints are recorded in our quality management system and fully investigated, with feedback on root cause and actions required, where relevant, to the complainant. "</p> <p>added: "Patient Consent</p> <p>For most routine laboratory procedures, consent can be inferred when the patient willingly submits to the sample collecting procedure, for example, venepuncture. Any further patient consent requirements are outlined in the alphabetical test directory contained in section 16 of this document. Patient consent remains the responsibility of the requesting clinician and the laboratory cannot accept responsibility for referral laboratory rejection of requests due to patient consent being unavailable."</p> | 41                 | 41                 |
| BIO     | <p>16. Alphabetical Test Directory</p> <p>added: Anti-Mullerian Hormone (AMH)</p> <p>Laboratory: Clinical Biochemistry</p> <p>Specimen: 7.0 mL blood in a plain gel tube</p> <p>Turnaround: Priority: 1 working day. Routine: 4 working days</p> <p>Ref. Range: On report form</p>   | 99                 | 99                 |
| BIO     | <p>16. Alphabetical Test Directory</p> <p>Calcitonin</p> <p>Specimen: added "on ice"</p>   | 112                | 113                |
| BIO     | <p>16. Alphabetical Test Directory</p> <p>Calcium -ionised</p> <p>Turnaround: replaced: "<del>15 mins</del>" with "15 minutes"</p>   | 112                | 113                |
| BIO     | <p>16. Alphabetical Test Directory</p> <p>Cerebrospinal Fluid - Lactate</p> <p>Specimen: replaced: "<del>300 <math>\mu</math>L</del>" with "300 <math>\mu</math>L "</p>  | 115                | 116                |
| BIO     | <p>16. Alphabetical Test Directory</p> <p>Dihydropyrimidine Dehydrogenase (DPD) Activity</p> <p>Specimen: removed: ", and a urine specimen."</p>   | 127                | 128                |

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| BIO | 16. Alphabetical Test Directory<br>Glucose:<br>removed: <del>Fluoride Oxalate blood</del> , added: Vacuette FC mix tube NaF/Citrate/EDTA  | 137 | 138 |
| BIO | 16. Alphabetical Test Directory<br>removed: "Interleukin-6"<br>Laboratory: <del>Clinical Biochemistry</del> .<br>Specimen: 7.0 mL blood in a plain gel tube<br>Comment: Specimen must be received in the laboratory on the day of venepuncture.<br>Turnaround: Urgent: 2 hours. Priority: 3 hours. Routine: 4 working days<br>Ref. Range: See report form"  | 147 | 149 |
| BIO | 16. Alphabetical Test Directory<br>Lactate<br>Turnaround: replaced: " <del>15 mins</del> " with "15 minutes"  | 149 | 151 |
| BIO | 16. Alphabetical Test Directory<br>Metanephrines (Metanephrine/Normetanephrine/3-methoxytyramine - Plasma)<br>Specimen: replaced: "30 mins" with "30 minutes"   | 154 | 156 |
| BIO | 16. Alphabetical Test Directory<br>Porphyrin Screen<br>Specimen: replaced: " <del>24 hour</del> " with "spot" urine collection<br>Comment: added: "St. James's Hospital Porphyrin Request Form must be completed, available in GUH Useful Resources"  | 165 | 166 |
| BIO | 16. Alphabetical Test Directory<br>removed: " <del>Procalcitonin</del> "<br>Laboratory: <del>Clinical Biochemistry</del> .<br>Specimen: 7.0 mL blood in a plain gel tube, received in the laboratory within 6 hours of venepuncture.<br>Turnaround: Urgent: 2 hours. Priority: 3 hours. Routine: 4 working days<br>Ref. Range: See report form"   | 166 | 167 |
| BIO | 16. Alphabetical Test Directory<br>SHBG<br>removed: " <del>Comment: Female – only analysed where testosterone &gt;1.2nmol/L</del> "   | 172 | 173 |
| DAP | Added: "Special counselling may be needed for examination results with serious implications for the patient. It is the responsibility of the test requester to ensure that examination results with serious implications for the patient are not communicated to the patient without the opportunity for acceptable counselling."   | 2   | 2   |
| DAP | 2. General Information<br>2.3 Contact Information<br>Anatomic Pathology:<br>Histopathology, Cytopathology and Molecular Pathology<br>added: "Dr Aliaa Shalaby Consultant Pathologist Aliaa.Shalaby@mailn.hse.ie<br>Phone Ext : 3445"<br>Added: "Dr Kevin Culligan Consultant Pathologist Kevin.Culligan@hse.ie<br>Phone Ext: 3853"<br>removed: Terri Muldoon, Chief Medical Scientist, Terri.muldoon@hse.ie;<br>added: "Loretta Lydon, Chief Medical Scientist, Loretta.Lydon@hse.ie"   | 8   | 8   |
| DAP | 2. General Information<br>2.5 Laboratory Opening Hours<br>Anatomic Pathology:<br>Deadline for sample in Lab: changed from <del>16:30</del> to 16:00 Mon-Fri   | 11  | 11  |
| DAP | 2. General Information<br>2.7 Complaints:<br>Added: "Feedback, including complaints is open to patients and laboratory users throughout the "Your Service Your Say" mechanism accessible on the HSE Saolta website.<br>Complaints are processed in accordance with the HSE policy- Your Service Your Say – management of service user feedback for comments, compliments and complaints- publicly accessible on the HSE site."  | 11  | 12  |
| DAP | 3. Use of the Laboratory<br>3.2 Requests to the Laboratory<br>Histopathology requirement:<br>Added: "Where the clinician is submitting slides to the DAP for analysis that the number of slides being submitted should be recorded on the request form. "   | 14  | 15  |
| DAP | 3. Use of the Laboratory<br>3.2 Requests to the Laboratory<br>Histopathology requirement:<br>Added: "• For fixed specimens, ensure the specimen container selected is large enough to allow the specimen to be immersed in at least twice its own volume of buffered formalin."<br>Formatted to bullet point below:<br>"• The specimen site must be indicated and detailed on the request form and on the container.<br>• In the case of multipart container submission on a case each part must be clearly identified as to the site and nature of the specimen. The detail on the request form and the specimen container must match.<br>• The lid must be securely closed to prevent spillage<br>• Radioactive specimens: The Request Form and specimen containers must have a radiation label. When a radioactive specimen is being sent information on the radiation dose should be given. The specimen should be delivered to the dedicated lab room for radioactive specimens. It should be placed behind the lead shield, and the lab staff informed of its presence there.<br>• The Request Form and specimen containers must indicate if specimen is high risk (eg TB, COVID-19, HIV or Hepatitis).<br>• The Colorectal Programme specimen request form must include the NCSS COR number.<br>SHARPS containers must not be used as specimen containers.<br>• Note : It is not possible or safe at the moment of receipt of the specimen(s) in the Division of Anatomic Pathology to check each pot for the presence of a specimen. Therefore acceptance of a test request by the DAP staff is not confirmation that the described specimen is present in the container, but rather that the form details and the container details, and where applicable the sign off book details, match and contain the information required. The absence of a described specimen may not be noted until the specimen container is opened in the sampling area of the lab. The absence of a described specimen is recorded as a non conformance. The sender is informed of the issue as soon as possible by the DAP staff." | 15  | 16  |
| DAP | 3. Use of the Laboratory<br>3.4 Collection of Specimens<br>General Guidelines<br>Added: "It is advised to label all specimens in the presence of the patient so that they can confirm correct identification. If this is not feasible, such as in a surgical setting where the patient is unconscious, a means of confirming the identity of the patient from whom the sample is collected must be in place and followed. Any difficulty in obtaining the specimen should be noted on the request form. In the case of short or scanty specimens list tests requested in order of priority."  | 16  | 17  |
| DAP | 5. Transport of Specimens to the Laboratory<br>Added: "5.6 BreastCheck Unit<br>Specimens from the BreastCheck unit for the Division of Anatomic Pathology are delivered directly to DAP specimen reception by BreastCheck staff."   | 22  | 23  |

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| DAP  | 9. Division of Anatomic Pathology<br>9.1 Division Profile:<br>In: Histopathology provides Routine Histology and Advanced Diagnostic services, added: ", perinatal"  | 42  | 42  |
| DAP  | 9. Division of Anatomic Pathology<br>9.1 Division Profile:<br>Corrected: from <del>Histopathology</del> to Histopathology   | 42  | 42  |
| DAP  | 9. Division of Anatomic Pathology<br>9.1 Division Profile:<br>Changed: from ISO15189 2012 to ISO15189 2022<br>Added: "The Division of Anatomic Pathology ensure that patients well-being, safety, and rights primary considerations. The laboratory conforms to the HSE Code of Conduct and Behaviour in the provision of its service, including the rights of patients to care that is free from discrimination."  | 43  | 43  |
| DAP  | 9. Division of Anatomic Pathology<br>9.2 General Information<br>Added: "Special counselling may be needed for examination results with serious implications for the patient at the discretion of the clinical team.<br>The DAP provides opportunities for patients and laboratory users to provide helpful information to aid the laboratory in the selection of the examination methods, and the interpretation of the examination results. Contact may be made directly with the Chief Medical Scientist (CMS), the Head of Department (HoD), and members of the Consultant staff. DAP staff Email and telephone contact information is given in section 2.3 of this document. Feedback may also be given via the "Your Service Your Say" mechanism accessible on the HSE website." | 43  | 43  |
| DAP  | 9. Division of Anatomic Pathology<br>9.3 Specimen Acceptance<br>Added: "Note: Non adherence to the requirements for the specimen and the test request poses risks to the quality of the service the DAP is able to provide for the case concerned and for the patient. These risks include: rejection of the specimen, compromise to the specimen prior to receipt by the lab, compromise to the report, compromise to patient management, and or patient impact."<br>Added: "Multiple samples on one form are acceptable and should be labelled A, B, C etc. where possible."  | 43  | 44  |
| DAP  | 9. Division of Anatomic Pathology<br>9.4 Histopathology<br><b>Radiation Specimen</b><br>Added: "The request form and specimen containers must each be labelled with a radiation label. The radiation dose information must be given."<br>Removed: "Ensure that radiation information is included on the request form and specimen container/s."   | 46  | 47  |
| DAP  | 9. Division of Anatomic Pathology<br>9.4 Histopathology<br><b>Outside normal working hours</b><br>Please notify the Histopathology Department (ext. 4589) in advance of changed: from 17:00 to 16:00<br>Post Vasectomy Analysis<br>It is best that the semen sample is delivered within 1 hour of production to the laboratory, Monday to Friday 09:00 to 11.30 and changed: from 14.00 to 16.00 h to 14.00 to 15.00 h  | 47  | 47  |
| DAP  | 9. Division of Anatomic Pathology<br>9.5 Cytopathology<br>Added: "Note: Where slides are being submitted for DAP analysis- the number of slides being submitted should be recorded on the request form."  | 48  | 48  |
| DAP  | 9. Division of Anatomic Pathology<br>9.5 Cytopathology<br>EBUS (Ultra sound guided Endobronchial Specimens)<br>Added: " The number of slides being submitted should be recorded on the request form."   | 48  | 49  |
| DAP  | 9. Division of Anatomic Pathology<br>9.6 Molecular Pathology<br>removed: "a mutation service for", added: "in situ hybridisation service for confirmation of" Breast and Gastric HER-2; added: "status, and a mutation service for" Non Small Cell Lung Cancer; added: "adenocarcinoma"; EGFR/ALK/ROS-1 added: "/KRAS"; added: "NSCLC adenocarcinoma negative by the in-house panel will be referred to Cancer Molecular Diagnostics in St James Hospital for NGS analysis with the Lunf Adenocarcinoma Focus assay."   | 49  | 49  |
| DAP  | 9. Division of Anatomic Pathology<br>9.8 Turnaround times:<br>removed: Revised Interim TAT-<br>(X-working Days)<br><del>3-14</del><br><del>3-14</del><br><del>7-14</del><br><del>7-16</del><br><del>5</del>   | 50  | 51  |
| DAP  | 16. Alphabetical Test Directory<br><b>Skin Punch Biopsy for Direct Immunofluorescence (DIF)</b><br>In Specimen added: "Send the skin punch biopsy for DIF fresh."   | 173 | 174 |
| GBTE | 7. Blood and Tissue Establishment<br>7.2 Services and Products available at GBTE<br>removed: " <del>* Praxbind (Idarucizumab) – reversal agent for Dabigatran</del> "   | 25  | 26  |
| GBTE | 7. Blood and Tissue Establishment<br>7.2 Services and Products available at GBTE<br>added: "cfDNA testing of the mothers blood can also be completed in early pregnancy. This is performed in a referral site (generally the IBTS). It predicts the fetus blood group and women who have a predicted Rh Negative fetus then do not enter the RAADP program for prophylactic Anti-D. The infants' blood group is then confirmed at birth."   | 26  | 27  |
| GBTE | 7. Blood and Tissue Establishment<br>7.3 Sample / Request Form Labelling Policy<br>added: "cfDNA/ On Request/ 2 x 6ml EDTA blood/ Referred to Irish Blood Transfusion Service"  | 27  | 28  |
| GBTE | 7. Blood and Tissue Establishment<br>7.3 Sample / Request Form Labelling Policy<br>Changed from "Please contact GBTE for external request forms or any queries regarding specimen referral." to "Please contact GBTE for external request forms or any queries regarding specimen refer."   | 27  | 28  |
| GBTE | 7. Blood and Tissue Establishment<br>7.17 Clinical Advice and Service<br>Removed: *Dr. Sorcha Ni Loingsigh<br>added: *Dr Maria Eduarda Couto, * Dr Abdelrahman Moutaz   | 34  | 34  |

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| IMM | 2. General Information<br>2.3 Contact Information<br>Clinical Immunology<br>replaced: "Mr. Mike Cullina michael.cullina@hse.ie" with: "Mr. Arthur McQuaid arthur.mcquaidmichael.cullina@hse.ie"  | 6  | 6  |
| IMM | 2. General Information<br>2.7 Complaints<br>Added: "Complaints/compliments may be received verbally, by letter, fax or email.<br>Alternatively the complainant may:<br>- Complete the HSE feedback form titled 'your service your say'<br>- Email: yoursay@hse.ie<br>- Contact HSE your service your say contact number: 1800 424 555<br>A complaint can also be made by contacting the Laboratory manager or the relevant laboratory Chief Medical scientist at the contacts given. The relevant laboratory will follow up complaints promptly as per their laboratories procedures."   | 11 | 12 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.1 Department Profile<br>removed: "or the joint immunology / rheumatology clinic (for connective tissue diseases)."   | 56 | 56 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.2 Guidelines for Requesting Allergy Tests<br>Anaphylaxis<br>removed: "In the refractory period after anaphylaxis, specific IgE to the causative allergen may be falsely negative. Testing should generally be deferred for 3-4 weeks."   | 57 | 57 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.2 Guidelines for Requesting Allergy Tests<br>Asthma and Rhinitis<br>removed: "(usually by skin testing)"<br>replaced: "kiwi" with "fresh"  | 57 | 57 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.3 Guidelines for Requesting Tests for Autoimmune Disease<br>Coeliac disease<br>replaced: "IgA anti-tissue transglutaminase antibodies (tTg) or IgA anti-endomysial antibodies are found in active disease, and can be used to monitor compliance with treatment. IgA anti-tTG is used as the screening test (more sensitive) and positive results confirmed by IgA anti-endomysial testing (more specific). As part of quality assurance the test method can detect samples with absent IgA that may cause false negative results. In patients with selective IgA deficiency the IgG anti-tTG assay is performed. NICE Guidelines, 2016s state that 'Testing for Coeliac disease is only accurate if the person continues to follow a gluten-containing diet during the testing period. Some gluten should be eaten in more than one meal every day for a minimum of 6 weeks before testing'."<br>with: "IgA anti-tissue transglutaminase antibodies (tTg) or IgA anti-endomysial antibodies are found in active disease, and can be used to monitor compliance with treatment. IgA anti-tTG is used as the initial screening test (more sensitive) and only positive results are confirmed once by IgA anti-endomysial testing (more specific).<br>As part of quality assurance the test method can detect samples with absent IgA that may cause false negative results. In patients with selective IgA deficiency i.e. undetectable levels of IgA the IgG anti-tTG assay is performed. NICE Guidelines, 2016s state that 'Testing for Coeliac disease is only accurate if the person continues to follow a gluten-containing diet during the testing period. Some gluten should be eaten in more than one meal every day for a minimum of 6 weeks before testing'." | 58 | 58 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.3 Guidelines for Requesting Tests for Autoimmune Disease<br>Anti-mitochondrial antibodies<br>replaced "cirrhosis" with "cholangitis"   | 58 | 58 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.4 Endocrine Disorders<br>Thyroid<br>Added: "Anti-TSH receptor antibodies are highly sensitive for the diagnosis of Grave's hyperthyroidism and related thyroid eye disease but can also be present in some individuals with Hashimoto's thyroiditis."  | 59 | 59 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.4 Endocrine Disorders<br>Diabetes Mellitus<br>Added: "For newly diagnosed type 1 diabetes it is recommended to request anti-GAD, anti-IA2 anti-ZnT8 antibodies."   | 59 | 59 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.6 Autoimmune Rheumatic and Renal Diseases<br>Antinuclear antibody (ANA)<br>added: ANA testing from General Practitioners for autoimmune rheumatic diseases is performed using the Connective Tissue Disease (CTD) screen. The CTD Screen is an automated method for the detection of anti-nuclear antibodies (ANA) in autoimmune rheumatic diseases such as SLE, mixed connective tissue disease, Sjogrens syndrome, Scleroderma and Myositis. The CTD Screen tests for anti-RNP, Sm, Ro, La, centromere B, Scl-70, Jo-1, Fibrillarin, RNA polymerase III, Ribosomal-P, PM-Scl, PCNA, Mi-2 and anti-dsDNA. Positive CTD screen results will have further testing for ANA (by indirect immunofluorescence), anti-ENA and anti-dsDNA where appropriate."   | 60 | 60 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.6 Autoimmune Rheumatic and Renal Diseases<br>Cytoplasmic antibodies detected on ANA testing<br>replaced: "Cirrhosis" with "Cholangitis"  | 60 | 60 |
| IMM | 11. Immunology Department (Supraregional Service)<br>11.6 Autoimmune Rheumatic and Renal Diseases<br>Anti-glomerular basement membrane (anti-GBM) antibodies<br>replaced: "patients with Goodpasture's syndrome" with "patients with GBM (Goodpasture's) disease."   | 62 | 62 |

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| IMM | <p>11. Immunology Department (Supraregional Service)<br/>Added: "11.10 Therapeutic Drug Monitoring<br/>Biologic therapies, including the anti-tumor necrosis factor (anti-TNF) agents (Infliximab, Adalimumab), the adhesion molecule inhibitors (Vedolizumab), and the p-40 interleukin-12/23 inhibitor Ustekinumab are effective treatments for patients with moderate to severe inflammatory bowel disease (IBD). Nevertheless, up to 1/3 of patients with Crohn's disease (CD) and ulcerative colitis (UC) show primary non-response (PNR) to biologic therapies and up to 50% of patients after an initial clinical response stop therapy either for secondary loss of response (SLR) or a serious adverse event.<br/>Drug trough levels and anti-drug antibodies enable the clinician, based on patient's clinical status, to make rational therapeutic decisions in different clinical situations:<br/>• Reactive TDM: Guide therapy after a treatment failure and follow-up therapeutic adjustment (switch or optimization). Reactive TDM should be performed in patients with primary non-response or secondary loss of response to biologic therapy.<br/>• Proactive TDM: Proactive TDM should be performed post induction for patients treated with anti-TNF therapy. Proactive TDM should be performed at least once during maintenance therapy for patients treated with anti-TNF therapy<br/>• Guides treatment de-escalation for patients in remission.<br/>• When infliximab de-escalation (dose reduction) is considered in patients in remission, proactive TDM both prior to and after de-escalation should be performed.<br/>• Reduce treatment costs by implementing a rational decision-making patient care management<br/>• Reactive TDM has been proven more cost-effective than empiric anti-TNF therapy optimization.<br/>• Decrease the risk of allergic reactions during infusion or other adverse effects<br/>The department of Immunology provides testing for trough levels and antibodies (where indicated) for the following biological drugs: Infliximab, Vedolizumab and Adalimumab. Ustekinumab analysis is referred externally for testing."</p>   | 67 | 67 |
| IMM | <p>11. Immunology Department (Supraregional Service)<br/>Added: "11.11 Interferon Gamma Release Assay (IGRA/Quantiferon)<br/>Quantiferon TB Gold is an indirect test for latent Mycobacterium Tuberculosis infection (LTBI) and M. Tuberculosis complex infection. Latent Tuberculosis (LTBI) is an asymptomatic condition that may progress to active Tuberculosis in some individuals. The primary goal for the diagnosis of LTBI is to initiate medical treatment to prevent progression to active disease. Testing for LTBI is indicated when the risk of developing disease from latent infection (if present) is increased e.g Recent close contact of TB, immunosuppression, HIV infection, before commencing immunosuppression with biologic drugs that increase the risk of TB reactivation (e.g. anti-TNF), and occupational health screening for healthcare workers.<br/>The Interferon-Gamma Release Assay (IGRA/Quantiferon) measures the level of the cytokine, interferon-gamma (IFN-gamma) released by patient lymphocytes in a cell-mediated immune response to mycobacterial proteins. These proteins include ESAT-6, CFP-10 and TB7.7, and are absent from all BCG strains and most non-tuberculous mycobacteria. Although the assay quantitatively detects the IFN-gamma, the interpretation of the result for a single patient is strictly qualitative.<br/>The IGRA/Quantiferon assay requires specialised blood collection tubes. These tubes (set of 4) are available for collection from the Immunology laboratory. Correct handling of the blood collection tubes is essential.<br/>A negative Interferon-Gamma Release Assay (IGRA) result does not preclude the possibility of M. tuberculosis infection. False negatives can be due to incorrect handling of the blood collection tubes, the stage of the infection (e.g. sample taken prior to development of cellular immune response), or co-morbid conditions which affect immune function.<br/>All positive results should be followed by further medical evaluation.<br/>If the result is indeterminate for TB antigen responsiveness, this may be related to a wide variety of factors including immunosuppressant medication or low lymphocyte count. A repeat sample will be requested by our laboratory. A subsequent second indeterminate result may benefit from discussion with the clinical immunology or TB teams.<br/>NIL (IU/mL) TB1 minus NIL (IU/mL) TB2 minus NIL (IU/mL) Mitogen minus NIL (IU/mL) Qualitative Result Interpretation<br/>≤ 8.0 ≥ 0.35 and ≥ 25% of Nil Any Any Positive LTBI likely<br/>Any ≥ 0.35 and ≥ 25% of Nil/ &lt; 0.35 OR ≥ 0.35 and &lt; 25% of Nil &lt; 0.35 OR ≥ 0.35 and &lt; 25% of Nil ≥ 0.5 Negative LTBI Not Likely<br/>&lt; 0.35 OR ≥ 0.35 and &lt; 25% of Nil &lt; 0.35 OR ≥ 0.35 and &lt; 25% of Nil &lt; 0.5 Indeterminate Likelihood of LTBI cannot be determined<br/>≥ 8.0 Any"</p> | 68 | 68 |
| IMM | <p>11. Immunology Department (Supraregional Service)<br/><del>11.10</del> Guidelines relating to Genetic Referrals: Changed number to "11.12"</p>   | 67 | 69 |
| IMM | <p>11. Immunology Department (Supraregional Service)<br/>11.12 Guidelines relating to Genetic Referrals<br/>Changed website from: "<a href="http://www.olehc.ie">http://www.olehc.ie</a>" to "<a href="http://www.childrenshealthireland.ie">www.childrenshealthireland.ie</a>"</p>   | 67 | 69 |
| IMM | <p>11. Immunology Department (Supraregional Service)<br/>11.12 Guidelines relating to Genetic Referrals<br/>replaced: "Haemochromatosis genetic testing by the Molecular Genetics Lab, Northern Molecular Genetics Service, Biomedicine East, Central Parkway, Newcastle Upon Tyne, NE1 3BZ, UK: refer to <a href="http://www.newcastle-hospitals.org.uk/services/northern-genetics-services-molecular-genetics.aspx">http://www.newcastle-hospitals.org.uk/services/northern-genetics-services-molecular-genetics.aspx</a> Newcastle report is issued to the Clinician by Immunology. Paper report issued only - results not available on Healthlinks." with "Haemochromatosis genetic testing by Eurofins-Biomnis Dublin; Eurofins-Biomnis Haemochromatosis genetic report is issued to the Clinician by Immunology GUH. Paper report issued only - results not available on Healthlinks."</p>  | 67 | 69 |
| IMM | <p>16. Alphabetical Test Directory<br/>Adalimumab (trough levels and antibodies)<br/>Laboratory: removed: ":-referred to Immunology Dept, Northern General hospital, Sheffield"<br/>Turnaround: replaced: "6 weeks" with "10 working days"<br/>Report: replaced: " Drug levels (mg/L): Suboptimal, therapeutic and supratherapeutic drug levels Antibodies: Negative = &lt;10AU/ml" with: "Drug levels (mg/L): Suboptimal (&lt;3ug/ml), therapeutic (3-7ug/ml) and supratherapeutic drug (&gt;7ug/ml) levels Antibodies: Negative = &lt;10ngAU/ml"</p>  | 90 | 90 |
| IMM | <p>16. Alphabetical Test Directory<br/>Anti Cardiolipin Antibodies: added: "(IgG, IgM cardiolipin &amp; Beta 2 glycoprotein)"<br/>Turnaround: replaced "7 working days" with "5 working days"</p>   | 96 | 96 |
| IMM | <p>16. Alphabetical Test Directory<br/>Added: "Anti-CV2/ CRMP5<br/>Laboratory: Immunology: - referred to Immunology Department, Churchill Hospital, Oxford OX3 7LJ<br/>Specimen: 5.0 mL blood in plain gel tube. CSF analysis also available.<br/>Turnaround: 6 weeks"</p>  | 96 | 96 |
| IMM | <p>16. Alphabetical Test Directory<br/>replaced: "Anti-GABA (anti-glutamate receptor antibodies)" with "Anti-GABA a /GABA b (anti-glutamate receptor antibodies)"</p>   | 97 | 97 |
| IMM | <p>16. Alphabetical Test Directory<br/>Anti-IA2 Antibodies<br/>replaced: "Positive/Negative" with "Positive: &gt;10 IU/ml; Negative 0-10 IU/ml"</p>   | 98 | 98 |
| IMM | <p>16. Alphabetical Test Directory<br/>Anti-Intrinsic Factor Antibodies<br/>Turnaround: replaced " 2 weeks" with "5 Working days"<br/>Report: replaced: "0-6 U/mL" with "0 - 7 ELIA U/ml"</p>   | 98 | 98 |

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| IMM | 16. Alphabetical Test Directory<br>Added: "Anti-Parietal Cell Antibodies<br>Laboratory: Immunology<br>Specimen: 5.0 mL blood in plain gel tube<br>Turnaround: 5 Working days<br>Report: 0 – 10 ELIA U/ml"   | 101 | 101 |
| IMM | 16. Alphabetical Test Directory<br>Added: "Anti-Thyroid Receptor Antibodies<br>Laboratory: Immunology<br>Specimen: 5.0 mL blood in plain gel tube<br>Turnaround: 10 working days<br>Ref. Range: Negative: <2.9 IU/l<br>Equivocal: 2.9-3.3 IU/l<br>Positive: >3.3 IU/l"  | 103 | 103 |
| IMM | 16. Alphabetical Test Directory<br>Added: "Anti-ZNT8 Antibodies<br>Laboratory: Immunology: – referred to Immunology Dept, Northern General hospital, Sheffield<br>Specimen: 5.0 mL blood in plain gel tube<br>Turnaround: 6 weeks<br>Report: Positive: >15U/ml; Negative <15U/ml"   | 104 | 104 |
| IMM | 16. Alphabetical Test Directory<br>replaced: "Autoimmune Inflammatory Myopathy panel includes anti-: Mi-2 alpha, Mi-2 beta, TIF1 gamma, MDA5, NXP2, SAE1, Ku, PM-Scl100 and PM-Scl75, OJ, EJ, Jo-1, PL-7, PL-12, SRP and Ro-52" with "Autoimmune Inflammatory Myopathy panel includes anti-: Mi-2 alpha, Mi-2 beta, TIF1 gamma, MDA5, NXP2, SAE1, Ku, PM-Scl100 and PM-Scl75, OJ, EJ, Jo-1, PL-7, PL-12, SRP, Ro-52, HMGR and CN1a."  | 105 | 106 |
| IMM | 16. Alphabetical Test Directory<br>Cerebrospinal Fluid - Neurodegenerative biomarkers (CSF Tau/Phospho Tau/ Beta amyloid)<br>replaced: "Immunology St James Hospital Dublin" with "Clinical Chemistry, Tallaght University Hospital"<br>Specimen: replaced: "2.5mls " with "minimum 2ml"<br>Comment: replaced: "CSF by LP; received in Sarstedt 2ml screw cap tubes (contact lab for supply of tubes). Sample must reach the lab within 2 hours of collection, Mon-Friday Specific request form to be completed – obtained from Immunology lab" with "CSF by LP; received in Blue top Sarstedt CSF Collection tube (contact lab for supply of tubes)."<br>Turnaround: replaced: "4-6 weeks" with "2-3 weeks"<br>Report: replaced: "St James" with "TUH" | 115 | 116 |
| IMM | 16. Alphabetical Test Directory<br>removed: Complement: CH100 (Total Haemolytic Complement) Functional Activity CH100 (Total) and CH100A (Alternate Pathway)<br>Comment: replaced: "collection on the same day it was taken" with "within 6 hrs of collection"  | 120 | 121 |
| IMM | 16. Alphabetical Test Directory<br>added: "Connective Tissue Disease Screen (CTD)<br>Laboratory: Immunology<br>Specimen: 5.0 mL blood in plain gel tube<br>Turnaround: 5 working days<br>Ref. Range: Negative: <1.0<br>Positive: >1.0. Positive CTD screen results will have further testing for ANA (by indirect immunofluorescence), anti-ENA and anti-dsDNA."  | 120 | 122 |
| IMM | 16. Alphabetical Test Directory<br>removed: "CV2/CRMP5<br>Laboratory: Immunology: – referred to Immunology Department, Churchill Hospital, Oxford OX3 7LJ<br>Specimen: 5.0 mL blood in plain gel tube. CSF analysis also available.<br>Turnaround: 6 weeks<br>Report: Positive/Negative"  | 124 | 125 |
| IMM | 16. Alphabetical Test Directory<br>Cystic Fibrosis – Genetic Test<br>Comment: replaced: "www.olehc.ie" with "https://www.childrenshealthireland.ie"   | 124 | 126 |
| IMM | 16. Alphabetical Test Directory<br>Cytogenetics: Chromosome Analysis /Karyotyping Adults (age >5 years)<br>Replaced: "(age >5 years)" with "(age >18 years)"  | 124 | 126 |
| IMM | 16. Alphabetical Test Directory<br>Cytogenetics: Chromosome Analysis /Karyotyping Paediatrics (age <5 years)<br>Replaced: "(age <5 years)" with "(age <18 years)"<br>Comment: replaced "www.olehc.ie" with "https://www.childrenshealthireland.ie"  | 125 | 126 |
| IMM | 16. Alphabetical Test Directory<br>Cytogenetics: Microarray / aCGH<br>Comment: replaced "www.olehc.ie" with "https://www.childrenshealthireland.ie"   | 125 | 126 |
| IMM | 16. Alphabetical Test Directory<br>Cytotoxic Antibodies (solid organ transplantation)<br>Ref. range: removed "form" added: "issued by Beaumont."  | 126 | 127 |
| IMM | 16. Alphabetical Test Directory<br>Fragile X Chromosome<br>Comment: replaced "www.olehc.ie" with "www.childrenshealthireland.ie"  | 133 | 135 |
| IMM | 16. Alphabetical Test Directory<br>Haemochromatosis: replaced: "C282Y and H63D Genetic Mutations" with "C282Y, H63D and S65C Genetic Mutations"<br>Laboratory: replaced: "- referred to Molecular Genetics Lab, Northern Molecular Genetics Service, Biomedicine East, Central Parkway, Newcastle Upon Tyne, NE1 3BZ, UK" with "- referred to Eurofins Biomnis, Dublin."<br>Turnaround: up to 8 2 weeks   | 137 | 139 |
| IMM | 16. Alphabetical Test Directory<br>HLA B27 Typing<br>Specimen: added: "5.0 mL EDTA blood (to be kept at room temperature only)"<br>Comment: replaced: "Restricted test restricted to the following disciplines Rheumatology, Ophthalmology & Orthopaedics. Please phone laboratory if there are exceptional reasons why this test is essential" with "Eurofins Biomnis Consent form for HLA testing to be submitted with samples for (available at www.eurofins.ie/biomnis/test-information/test-request-forms)"  | 143 | 145 |
| IMM | 16. Alphabetical Test Directory<br>HLA Typing<br>Specimen: replaced: "7.0 mL EDTA blood" with "5.0 mL EDTA blood (to be kept at room temperature only)"<br>Comment: replaced: "Restricted test" with "Eurofins Biomnis Consent form for HLA testing to be submitted with samples for (available at www.eurofins.ie/biomnis/test-information/test-request-forms)."   | 143 | 145 |

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| IMM   | 16. Alphabetical Test Directory<br>Huntington's Disease<br>Laboratory: replaced "OLCH" with "CHI"<br>Specimen: replaced "0.5 ml blood " with "5.0 ml blood"<br>Comment: replaced " <a href="http://www.eleche.ie">www.eleche.ie</a> " with " <a href="https://www.childrenshealthireland.ie">https://www.childrenshealthireland.ie</a> "   | 144 | 146 |
| IMM   | 16. Alphabetical Test Directory<br>Immunoglobulins IgG / IgA / IgM and Serum Protein Electrophoresis<br>Ref. Range: replaced "14" with "15"  | 145 | 146 |
| IMM   | 16. Alphabetical Test Directory<br>Added: Interferon Gamma Release Assay<br>See: "Quantiferon"   | 147 | 149 |
| IMM   | 16. Alphabetical Test Directory<br>Quantiferon Test: added: "(Interferon Gamma Release assay – IGRA)"<br>Laboratory: removed ";referred to the TB Laboratory, Microbiology, Mater Hospital, Dublin"<br>Turnaround: replaced "3 weeks" with "10 working days"   | 168 | 170 |
| IMM   | 16. Alphabetical Test Directory<br>removed: "TSH Receptor Antibodies"<br>Laboratory: Clinical Biochemistry: – referred to external laboratory for analysis.<br>Specimen: 7.0 mL blood in a plain gel tube<br>Turnaround: 1 – 3 weeks<br>Ref. Range: On report form"  | 180 | 181 |
| IMM   | 16. Alphabetical Test Directory<br>Ustekinumab (trough levels<br>added: "and antibodies")<br>Report: removed "if necessary"  | 182 | 183 |
| IMM   | 16. Alphabetical Test Directory<br>Vedolizumab (trough levels)<br>added: and antibodies  | 183 | 184 |
| HAEM  | 2. General Information<br>2.3 Contact Information<br>Haematology:<br>removed: "Dr. Sorcha NiLoingsigh Consultant Haematologist Sorcha.NiLoingsigh@hse.ie Phone Ext : 4414"<br>added: "Prof. Michael O'Dwyer Consultant Haematologist michael.odwyer@hse.ie Phone Ext: 2125"  | 8   | 8   |
| HAEM  | 16. Alphabetical Test Directory<br>Full Blood Count:<br>Added: "Maximum age of sample that will be processed: 48 hours."   | 135 | 136 |
| HAEM  | 16. Alphabetical Test Directory<br>HITS (Heparin Induced Thrombophilia Syndrome; added: "ocytopenia) testing"<br>Laboratory: removed "Haematology", added: "Referred to St James Hospital Coagulation Lab"<br>Comment: added: "4T Request form must be completed"<br>Turnaround: 1 added: "3 working" day"s" (Mon – Fri)<br>Ref. Range: Positive / Negative, added "Refer to report"   | 143 | 144 |
| HAEM  | 16. Alphabetical Test Directory<br>Methylmalonic Acid (removed Plasma, added: Serum)<br>Laboratory: Haematology: - referred to external laboratory for analysis<br>Specimen: Frozen Serum x 2ml removed: QR Frozen Plasma x 2ml  | 155 | 157 |
| HAEM  | 16. Alphabetical Test Directory<br>removed: Ristocetin CoFactor (RiCoF) (VWF: RiCoF)<br>Laboratory: Haematology<br>Specimen: 2 x 2.7 mL blood in a 0.109m Sodium Citrate tube. (1.0 mL Paediatric tubes are available).<br>Comment: Prior authorization by Consultant Haematologist or SPR. Arrange with coagulation laboratory before taking specimen. Must fill bottles to mark.<br>Turnaround: 4 weeks<br>Ref. Range: Refer to report   | 170 | 172 |
| HAEM  | 16. Alphabetical Test Directory<br>Von Willebrands removed: Factor Antigen (VWF: Ag), added "Screens"<br>Specimen: 2 x 2.7 mL blood in 0.109m Sodium Citrate tubes added: ". (1.0 mL Paediatric tubes are available)."   | 185 | 186 |
| Micro | 2. General Information<br>2.3 Contact Information:<br>Medical Microbiology:<br>Added: "Dr. Roisin Mulqueen Consultant Microbiologist Roisin.mulqueen3@hse.ie"  | 9   | 9   |
| Micro | 13. Medical Microbiology Department<br>13.3 Consultation Service<br>Added: "091 544146"  | 73  | 75  |
| Micro | 13. Medical Microbiology Department<br>13.4 Out of Hours Service<br>SARS COV-2 PCR testing Out Of Hours service<br>removed: "There is a Medical Scientist on duty to provide an Out of Hour Service."  | 73  | 75  |
| Micro | 13. Medical Microbiology Department<br>13.5 Guidelines for Requesting Microbiology Tests<br>Urine Samples<br>replaced: "Culture is performed on all Urines. Urine microscopy is only performed routinely on children <18 years of age and pregnant women, however microscopy may be requested in certain circumstances following discussion with a Consultant Microbiologist. Urine specimens that are received in plain universal containers that are older than 48 hours or urine specimens that are received in boric acid containers and are more than 96 hours old are unsuitable for culture and will be rejected. Urine samples submitted for microscopy and culture must be submitted in a urine sample tube, a Vacuum urine tube. Urine is initially collected in a primary urine beaker, then transferred via integrated transfer device to the Yellow Vacuette® urine tube, which is submitted to the laboratory. Do not submit the transfer beaker to the Laboratory as it will be rejected."<br>with: "Urine microscopy is performed on all Urines. Urine culture is only routinely performed on samples from children <16, maternity patients, clinical details specifying patient is neutropenic and patients with a microscopy result with a white cell count of >20cmm, however culture may be requested in certain circumstances following discussion with a Consultant Microbiologist. Urine specimens that are received in anything but a yellow topped vacuette container as shown in the image below are unsuitable for culture and will be rejected. Urines must be decanted from the beaker into the tube before being sent to the laboratory. Beakers sent to the laboratory that have not been decanted into the urine vacuette will not be processed and will be disposed of immediately. Urine is initially collected in a primary urine beaker, then transferred via integrated transfer device to the Yellow Vacuette® urine tube, which is submitted to the laboratory. " | 77  | 79  |



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| Micro | 13. Medical Microbiology Department<br>13.5 Guidelines for Requesting Microbiology Tests<br>GUH National Reference Laboratory<br>National Salmonella, Shigella and Listeria Reference Laboratory<br>replaced: " <a href="https://saolta.ie/documents/national-salmonella-shigella-listeria-reference-laboratory-users-guide">https://saolta.ie/documents/national-salmonella-shigella-listeria-reference-laboratory-users-guide</a> "<br>with: " <a href="https://saolta.ie/documents/galway-reference-laboratory-service-incorporating-national-salmonella-shigella-listeria">https://saolta.ie/documents/galway-reference-laboratory-service-incorporating-national-salmonella-shigella-listeria</a> "           | 81      | 82      |
| Micro | 13. Medical Microbiology Department<br>13.5 Guidelines for Requesting Microbiology Tests<br>National Carbapenemase Producing Enterobacterales Reference Laboratory (CPERL)<br>replaced: " <a href="https://saolta.ie/documents/national-carbapenemase-producing-enterobacterales-cpe-reference-laboratory-users-guide">https://saolta.ie/documents/national-carbapenemase-producing-enterobacterales-cpe-reference-laboratory-users-guide</a> "<br>with: " <a href="https://saolta.ie/documents/galway-reference-laboratory-service-incorporating-national-salmonella-shigella-listeria">https://saolta.ie/documents/galway-reference-laboratory-service-incorporating-national-salmonella-shigella-listeria</a> " | 82      | 83      |
| Micro | 15. Out Of Hours (Emergency Service)<br>removed referral to: Blood Culture 2   | 86 & 88 | 87 & 89 |
| Micro | 15. Out Of Hours (Emergency Service)<br>Requiring Consultation<br>removed: "2-Submit vial before 23:00"<br>replaced: 3 with 2, 4 with 3, 5 with 4, 6 with 5<br>in 4. removed: "mid"  | 89      | 89      |
| Micro | 16. Alphabetical Test Directory<br>Amikacin:<br>added: "Referred to external laboratory."  | 93      | 93      |
| Micro | 16. Alphabetical Test Directory<br>Bacterial PCR (For sterile fluids and Tissues) S.aureus PCR (Mec A and CoA), Group A Streptococcus DNA, N. meningitidis DNA, Haemophilus influenzae DNA and Streptococcus pneumoniae DNA.<br>Laboratory: added: "- referred to Great Ormonde Street Hospital"<br>Turnaround: replaced: "1 week (Verbal report available on positive samples)" with "2 weeks (Verbal report available on detected targets)"  | 106     | 106     |
| Micro | 16. Alphabetical Test Directory<br>Blood Culture<br>Comment: removed: "Delivery by Porter if glass bottles."   | 108     | 109     |
| Micro | 16. Alphabetical Test Directory<br>Bone Marrow Culture<br>Comment: removed: "Delivery by Porter if glass bottle."  | 109     | 110     |
| Micro | 16. Alphabetical Test Directory<br>Bordetella Species (Whooping cough / Pertussis)- culture<br>replaced: "Laboratory: Medical Microbiology"<br>Specimen: Perinatal swab (available from Medical Microbiology)<br>Comment: Contact Laboratory prior to sending to ensure fresh media is available. If delay refrigerate @ 2-8OC.<br>Turnaround: 10 days<br>Report: "Bordetella pertussis" Not isolated or "Bordetella pertussis" isolated" with "See Whooping Cough"  | 109     | 110     |
| Micro | 16. Alphabetical Test Directory<br>Cerebrospinal Fluid (Molecular analysis for Pathogens)<br>Laboratory: removed: "- referred to Irish Meningococcal and Streptococcal Reference Laboratory / National Virus Reference Laboratory when unavailable on site."<br>Turnaround: replaced: "1-2 weeks (Verbal report available on positive samples within 2-5 working days)"<br>with: "1-2 working days (Verbal report available on detected targets)"<br>Report: added: "Targets"  | 114     | 115     |
| Micro | 16. Alphabetical Test Directory<br>Cerebrospinal Fluid – Viral PCR removed: "(HSV and VZV)"<br>Turnaround: replaced: "1-2 weeks (Verbal report available on positive samples)"<br>with: "1-2 working days (Verbal report available on detected targets)"   | 114     | 115     |
| Micro | 16. Alphabetical Test Directory<br>Faeces – Molecular analysis, Microscopy, Culture and Antigen Detection<br>report: removed: "Any clinically significant isolate all samples with pathogen DNA detected (Except Campylobacter spp)"<br>added: "When Salmonella DNA or Shigella/EIEC DNA is detected. Referral to Cherry Orchard when VTEC DNA is detected."   | 131     | 133     |
| Micro | 16. Alphabetical Test Directory<br>Herpes simplex virus - PCR<br>Laboratory: Removed: "Medical Microbiology", added: "Virology – referred to National Virus Reference Laboratory, Dublin"<br>Specimen: removed: "0.5 mL CSF in plain leak-proof sterile container or" swab in viral transport medium from genital site.  | 142     | 143     |
| Micro | 16. Alphabetical Test Directory<br>Legionella culture<br>Comment: Added: "Routinely on ICU specimens. On request following approval by a Consultant Microbiologist on non-ICU specimens."  | 150     | 151     |
| Micro | 16. Alphabetical Test Directory<br>Meningococcal PCR<br>Laboratory: added: " – Referred to the Irish Meningococcal and Sepsis Reference Laboratory"<br>Specimen: removed: "Greater than 200 ul CSF in a sterile plain tube or"<br>Comment: removed: "Sample to be handed to Medical Microbiology staff member"<br>Report: replaced: "Meningococcal DNA" with "Target"  | 154     | 155     |
| Micro | 16. Alphabetical Test Directory<br>MSU – Midstream Urine<br>Specimen: Replaced: "Specimen in Boric Acid Universal container. Use plain sterile Universal container for Paediatric specimen or urine volumes < 20 mL." with "Specimen in urine vacuette tube."  | 157     | 158     |
| Micro | 16. Alphabetical Test Directory<br>Mycobacteria Testing<br>Comment: added: "Culture is only performed on all tissue and fluid samples or where clinical details query MOTT "   | 157     | 159     |
| Micro | 16. Alphabetical Test Directory<br>Mycobacteria PCR - Xpert assay<br>Comment: replaced: "Xperts are performed on all initial specimens with AAFB seen on microscopy or by prior arrangement with Microbiology Medical Staff." with: "Xperts are performed on all samples requesting TB. Culture is only performed on all tissue and fluid samples or where clinical details query MOTT."   | 158     | 159     |
| Micro | 16. Alphabetical Test Directory<br>Pneumococcal PCR<br>Laboratory: added: " – referred to the Irish Meningococcal and Sepsis Reference Laboratory"<br>Specimen: removed: "Greater than 200 ul CSF in a sterile plain tube or."   | 164     | 165     |



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| Micro | 16. Alphabetical Test Directory<br>Tuberculosis Testing<br>Comment: added: "Culture is only performed on all tissue and fluid samples or where clinical details query MOTT"  | 180 | 181 |
| Micro | 16. Alphabetical Test Directory<br>Whooping Cough<br>Laboratory: added: " – referred to Our Lady's Children's Hospital Crumlin [OLCHC]"<br>Removed: " <del>Comment: Contact Laboratory prior to ensure fresh media is available.</del> "   | 185 | 186 |
| Mort  |  |     |     |
| PHLEB | 2. General Information<br>2.3 Contact Information<br>Phlebotomy Department<br>Added: "Senior Phlebotomist, Bleep: 835"   | 10  | 10  |
| PHLEB | 4. Phlebotomy Service<br>UHG OPD:<br>replaced: "Mon – Thurs 08:00 – 18:00 Friday 08:00 – 14:00" with "Mon – Thurs 09:00 – 18:00 Friday 09:00 – 14:00"<br>Merlin Park University Hospital<br>added: "Friday 09:00 – 14:00"  | 18  | 19  |
| Viro  | 2. General Information<br>2.5 Laboratory Opening Hours<br>Virology<br>Changed routine hours from: "08:00 – 17:30 h Mon-Fri" to "08:00 – 17:00 h Mon-Fri"   | 11  | 11  |
| Viro  | 13. Medical Microbiology Department (Division of Clinical Microbiology)<br>13.3 Consultation Service<br>Added: "Dr Roisin Mulqueen"  | 73  | 75  |
| Viro  | 13. Medical Microbiology Department (Division of Clinical Microbiology)<br>13.4 Out of Hours Service<br>SARS COV-2 PCR testing Out Of Hours service<br>Removed: " <del>Monday – Friday 20:00 – 08:00 the following day</del><br><del>Saturday 16:00 – 08:00 the following day</del><br><del>Sunday 08:00 – 08:00 the following day</del> "<br>Added: "Monday – Friday 17:00 – 18.30<br>Saturday 08.00 – 13.00<br>Sunday 08.00 – 13.00" | 74  | 76  |
| Viro  | 14. Virology Department (Division of Medical Microbiology)<br>14.2 Availability of Clinical Advice and Interpretation<br>Added: ", Dr. Roisin Mulqueen (Ext4146)"  | 83  | 84  |
| Viro  | 14. Virology Department (Division of Medical Microbiology)<br>14.5 Virology Tests<br>Influenza and RSV Detection<br>Removed: "A" from "AA nasal/nasopharyngeal" and added: "swab "   | 85  | 86  |
| Viro  | 14. Virology Department (Division of Medical Microbiology)<br>14.8 Telephoning for Virology Results<br>Added "require."  | 85  | 86  |
| Viro  | 16. Alphabetical Test Directory<br>Bordetella pertussis antibodies<br>Corrected: from "Collindale Avenue" to "Colindale Avenue"  | 109 | 110 |
| Viro  | 16. Alphabetical Test Directory<br>Erythrovirus B19 IgM + IgG antibodies<br>Added: "(Parvovirus)"<br>Removed: " <del>-referred to the National Virus Reference Laboratory, Dublin</del> "<br>Updated: from "3 weeks" to "5 days"   | 130 | 131 |
| Viro  | 16. Alphabetical Test Directory<br>Hepatitis A Virus Total Antibody<br>Replaced: "Hepatitis A <del>Virus Total</del> Antibody" with "IgG"  | 140 | 142 |
| Viro  | 16. Alphabetical Test Directory<br>Hepatitis B DNA / Viral Load<br>removed: " <del>-referred to the National Virus Reference Laboratory, Dublin</del> "<br>turnaround: replaced: " <del>1 – 3 weeks</del> " with "10 days"   | 140 | 142 |
| Viro  | 16. Alphabetical Test Directory<br>Removed: "Hepatitis C Antigen"<br>Laboratory: <del>Virology</del><br>Specimen: <del>7.0 mL blood in a plain gel tube</del><br>Comment: <del>Only available in very specific cases and following approval by a Consultant Microbiologist</del><br>Turnaround: <del>3-5 working days</del><br>Report: <del>Not Detected/Detected</del>  | 141 | 143 |
| Viro  | 16. Alphabetical Test Directory<br>Hepatitis C PCR / Viral Load / Genotype<br>In Laboratory added: "Hep C Genotype is performed in the NVRL."  | 141 | 143 |
| Viro  | 16. Alphabetical Test Directory<br>Human Immunodeficiency (HIV) PCR / Viral Load / Genotype<br>Turnaround: replaced: " <del>1 – 3 weeks</del> " with "10 days"<br>Report: replaced: " <del>Detected/Not detected</del> " with: "Not Detected/copies/ml with comment where relevant."   | 144 | 145 |
| Viro  | 16. Alphabetical Test Directory<br>Mumps IgG antibody<br>Added: "Report: Detected/Not Detected/Equivocal"  | 157 | 158 |
| Viro  | 16. Alphabetical Test Directory<br>SARS CoV – 2 (PCR)<br>Report: added: "Detected weak", removed: " <del>Indeterminate</del> ", added: "Whole Genome Sequencing (WGS) is performed upon request of SARS-CoV-2 positive samples."   | 171 | 172 |
| Viro  | 16. Alphabetical Test Directory<br>Varicella-zoster Virus IgG antibodies<br>Report: added: " <del>/Indeterminate</del> "   | 183 | 184 |
| Viro  | 16. Alphabetical Test Directory<br>Added:<br>"Zika"<br>Laboratory: Virology. Referred to the National Virus Reference Lab.<br>Specimen: 7.0 ml blood in a plain gel tube<br>Comment: Only available in very specific cases and following approval by a Consultant Microbiologist<br>Turnaround: 3 weeks"   | 186 | 187 |