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Welcome

Medlab Pathology is pleased to introduce our new quarterly newsletter, aimed at providing articles of current interest and helpful guides, clinical test interpretations, test specimen collection updates and more.

HIGHLIGHTS 2011:

10 year Anniversary:

This year, Medlab Pathology is celebrating 10 years of service to the medical community.

From very small and humble origins in 2001, our directors, together with a small and dedicated team of scientific and ancillary staff, laid the foundations with the belief that Medlab Pathology can make a difference in the competitive healthcare market, and thus provide a personalized service to differentiate us from the competition. Over the last decade, Medlab Pathology has grown to become **Australia's largest privately owned, independent pathology practice.**

The laboratory was relocated two and a half years ago to its new, purpose built facility in Auburn - new technology has been introduced to enhance the

existing test profile and ensure that our standard of service meets our client expectations.

GPCE Conference:

In May 2011, Medlab Pathology was proudly displayed at the GPCE conference in Homebush (General Practitioners Conference and Exhibition).

Our stand was a great success, with a constant flow of visitors, clients new and old. The stand was attended by our Pathologists, Scientists, Marketing and Directors, and allowed all visitors to explore what Medlab could offer, both from a service provision as well as the delicious chocolates that we had, which kept on disappearing at a rapid rate throughout the day!!

We trust that you will find value and something of interest in this first newsletter. We have included a listing of all department managers contact details, for quick access as required, together with general service phone numbers and information.

The Medlab team

Testing for Coeliac disease

Coeliac disease is a T-cell mediated disorder against gliadin (a protein in gluten), resulting in small bowel injury. It is common in Australia, affecting approximately 1 in 100 individuals.

Testing for coeliac disease is suggested in any patient with typical gut symptoms, atypical presentations (e.g. iron deficiency, recurrent mouth ulcers, unexplained fatigue) or in those with auto-immune disease. Testing can also be used to guide treatment success and/or compliance in those with known coeliac disease.

Since coeliac disease is hereditary, 1st degree relatives of an affected member may wish to undergo screening (< 15% of first degree relatives will have the disease).

Three tests are performed when a "coeliac serology" or "coeliac screen" is requested:

- IgA-tissue transglutaminase (tTG)
- IgG deaminated gliadin (DG)

- Total IgA (this performed, since if the person is IgA deficient, then the IgA tTG will be negative. In these cases IgG DG can assist.

Blood needs to be collected in an SST tube (red top; 5 mL minimum) False negative results occur if the patient is already on a gluten free diet, or is IgA deficient i.e. (for IgA tTG).

Coeliac serology testing is less reliable in children < 2 years of age. Requesting a HLA-DQ2/DQ8 gene test may be useful in these situations.

If there are any further enquiries regarding coeliac testing, please contact Dr Sam Mehr, Immunopathologist on 02 8745 6500.



Rheumatoid Arthritis and Anti-cyclic citrullinated peptide (Anti-CCP)



The serum of rheumatoid arthritis (RA) patients may contain a variety of auto-antibodies. The most widely known of these auto-antibodies is the rheumatoid factor (RF) antibody, which is an antibody directed against immunoglobulin G (IgG).

Although RF is a sensitive test for RA, it lacks specificity and can be elevated in other rheumatic or inflammatory diseases and in some healthy individuals.

More recently it has been recognised that antibodies directed against

citrullinated proteins (antiCCP) are as sensitive but more specific than RF for the diagnosis of RA.

Anti-CCP levels can also be used for monitoring in RA, decreasing with inflammatory disease control. Anti-CCP should be the primary test ordered if there is a clinical suspicion of RA. Blood needs to be collected in a SST tube (red top, 5ml minimum).

Anti-CCP is performed in the Biochemistry Department at Medlab Pathology every day.

Reporting of HbA1c in % units and SI units (mmol/mol) in Medlab reports

The Royal College of Pathologists of Australasia (RCPA) and the AACB, together with the Australian Diabetes Educators Association (ADEA) and the Australian Diabetes Society (ADS) have recommended the dual reporting of HbA1c in both % units (aligned with NGSP values and the current units) and +Système International (SI) units of mmol/mol (also known as IFCC units).

This recommendation was formally published in The Medical Journal of Australia on 4th July, 2011.

Medlab Pathology has commenced reporting HbA1c values in both units from 1/10/11, to be followed by a move to reporting in SI units only in two years time. The key reasons for implementing this recommendation in Australia are as follows:

- the SI units relate to a scientifically valid measure of HbA1c;
- the SI units remove potential confusion between the numbers for HbA1c values as a percentage and blood glucose values in mmol/L;
- the change is in keeping with the international consensus statement.

Recommended haemoglobin A1c (HbA1c) target ranges for adults with type 2 diabetes mellitus

	HbA1c target
General target	≤ 53 mmol/mol, ≤ 7.0% ¹
Specific clinical situations	
Diabetes of short duration and no clinical cardiovascular disease	
Requiring lifestyle modification ± metformin	≤ 42 mmol/mol, ≤ 6.0% ¹
Requiring any antidiabetic agents other than metformin or insulin	≤ 48 mmol/mol, ≤ 6.5% ¹
Requiring insulin	≤ 53 mmol/mol, ≤ 7.0% ¹
Pregnancy or planning pregnancy	≤ 42 mmol/mol, ≤ 6.0% ¹
Diabetes of longer duration ² or clinical cardiovascular disease (any therapy)	≤ 53 mmol/mol, ≤ 7.0% ¹
Recurrent severe hypoglycaemia or hypoglycaemia unawareness (any therapy)	≤ 64 mmol/mol, ≤ 8.0%
Patients with major co-morbidities likely to limit life expectancy ³ (any therapy)	Symptomatic therapy of hyperglycaemia ⁴

1) Achievement of HbA1c targets must be balanced against risk of severe hypoglycaemia, especially among older people. **2)** In an older adult, long duration might be considered to be > 10-20 years, but for a person who develops type 2 diabetes at a young age, it might be considerably longer. **3)** Examples of major comorbidities include chronic medical conditions, such as chronic kidney disease stages 4 or 5; heart failure stages III or IV (New York Heart Association grading); incurable malignancy; and moderate to severe dementia. **4)** Where practical, suggest blood glucose target level < 15 mmol/L to help minimise risk of infection.

Reference: "G R D Jones, G Barker, I Goodall, H Schneider, M D S Shephard and S M Twigg; Position Statement Change of HbA1c reporting to the new SI units. MJA 2011; 195 (1): 45-46"

A Message from Haematology

Just a reminder to all our doctors and collection staff to sign the Declaration section on the request form if there is a Blood Group or Antibody Screen or Antibody Investigation requested.

The declaration means that the patient has been identified by the person collecting the blood at the time of collection.

Blood Group and Antibody Identification is important

from the patient's perspective, including in pregnant women for anti-D prophylaxis.

All EDTA samples for these tests need to be labelled by hand and signed by the collector (no stickers please).

These guidelines are as per ANZSBT and NATA.

For any Haematology or Blood Bank issues/enquiries, feel free to contact Sue or Janine or our Haematologist Dr Nina Dhondy.

The web



We would like to remind you or if you don't know, that we have additional resources, videos, employment opportunities with Medlab, general information on our services can also be found on our web site at: www.medlab.com.au

Patient information and test instructions can be found under the Patient Information menu, whilst general information and instructions for doctors can be found under the Doctor Information menu banner. Please let us know if you would like additional material to be considered for inclusion on our web site.

Scan this code with your smartphone QR code reader app (free from your app store)



Medlab Staff List

Directors:

Fred Kassem
Dr K P Singh
Paul Matthews
Satya Singh

Managers:

Peter Lambros
General Operations
8745 6500

Marilyn Mungovan
Customer Service
SRA/Data Entry
8745 6500

Jonathan Garcia
Collections
8745 6552

Wez Kassem
Couriers
8737 4900

Caron Charlesworth
Marketing Services
8745 6500

Pathologists:

Dr K. P. Singh
Medical Director
FRCPA, FACTM

Dr Karam Singh
Histopathology/Cytology
FRCPA, MIAC

Dr Sam Mehr
Immunology
FRACP, FRCPA

Dr Nina Dhondy
Haematology
MD, FRCPA

Dr Raghwa Sharma
Histopathology/Cytology
MBBS, FRCPA, MIAC

Dr Mahendra Singh
Histopathology/Cytology
FRCPA

Dr Ken Lai
Histopathology
FRCPA

Dr Leonardo Santos
Histopathology
FRCPA, FIAC

Contacts

☎ 1300 MEDLAB
+61 2 8745 6500
☎ +61 2 8745 6572
✉ info@medlab.com.au
🌐 www.medlab.com.au
✉ 3-5 Rawson Street, Auburn NSW 2144
AUSTRALIA

Billing

Medlab Pathology will Bulk-Bill patients who provide a current health care, Pensioner or Veteran affairs card.

Collection Centres

Medlab Pathology has many collection centres with more being added regularly. For your nearest collection centre details, visit our website on:

🌐 www.medlab.com.au

Home collections

Our team of experienced home collectors ensure collection of samples from patient homes, hospitals, nursing homes or workplaces as required. Contact our customer service department to schedule a time that is convenient to your patients.

NB: There will be no extra charge to patients for this service.

☎ (02) 8745 6549

Electronic result downloads

HL7 or PIT file electronic result downloads are available to your preferred practice management software immediately upon completion and verification of test results. Please contact our IT helpdesk for further inquiries regarding this service.

☎ (02) 8745 6553

Courier network

Our extensive courier network ensures prompt pick-up of samples as well as delivery of hard-copy reports and supplies throughout the day, 7 days a week.

☎ (02) 8745 6573