



November 6, 2015

PLANNED TRANSFER of WESTMAN LAB IMMUNOLOGY TESTING to IMMUNOLOGY LABORATORY HSC

Affected tests are Monoclonal Protein Investigation (MPI or PE), Immunoglobulin Quantitation (IgG, IgA, IgM, Rheumatoid Factor)

WHY?

To improve patient care by standardization of methodologies with more effective service delivery

- Two different test methods are used by each site for monoclonal protein investigation. This was identified as a source of result discrepancies depending upon where the specimen was processed. Since patients are followed both centrally and in the community at various phases of their cancer journey, this dual service could interfere with consistent patient care.
- Provision of testing by two laboratories often leads to confusion for the requesting sites and has resulted in a duplication of testing for a single collection.
- Although more automated, the Westman capillary electrophoresis system has sensitivity limitations. Testing algorithms are used to mitigate this situation, but in many cases, this results in service duplication since specimens are sent to the HSC lab for re-assessment using the more sensitive immunofixation/gel-based system.
- A standardized reference range for the provincial Rheumatoid Factor testing

WHAT WILL HAPPEN?

DSM Immunology is planning to provide the service from the HSC site, as it uses the most sensitive methods for monoclonal protein detection with an immunofixation/gel based system (PE) and nephelometry (IgG, IgA, IgM, and RF)

All specimens will be transported directly to this laboratory.

Supervision and reporting for all these tests will be provided by the Hematopathologists during their Immunology rotation.

WHEN?

Within the next few months (projected date of January 2016)

HOW WILL THIS AFFECT YOU?

- There will be no significant change to TAT. In general, negative MPI work-ups will have a shorter TAT.
- Immunoglobulin quantitation will only be reported for cases with an abnormal or suspected abnormal MPI.
- Rheumatoid Factor (RF) reference range will change to 0-20 U/ml. For patients where RF is being used for longitudinal follow-up and trending, re-establishment of a baseline should be considered.
- If CRP and RF are ordered together on the same specimen, 2 tubes will be collected - one for CRP sent to WL and the other for RF sent to Winnipeg. For labs on the PLIS, the test may be accessioned on site and aliquot submitted. For labs not on the PLIS, the Immunology requisition should be completed and sent with the serum aliquot.
- There will be minimal changes to IgG, IgA, and IgM age-related reference ranges which are printed with each result.
- Quantitation of the monoclonal immunoglobulins will be unified and seamless.
- For best TAT, we recommend the use of the specific DSM Immunology requisition (attached), which can be downloaded from the LIM link <https://apps.sbgf.mb.ca/labmanual/test/loadDocumentPdf?documentId=55>

Any questions or concerns may be directed to:

Dr. Carmen Morales, Medical Director, Hematology and Immunology Disciplines, 204-787-4682, cmorales@dsmanitoba.ca

Sheila Ozamoto, Technical Director, Immunology, 204-787-3407, sozamoto@dsmanitoba.ca

- 1 -

PLEASE COMPLETE ALL INFORMATION BELOW, PRINT CLEARLY

PRIMARY REPORT TO:
NAME OF PHYSICIAN
ORDERING TEST: (LAST) (FIRST)
EMERGENCY CONTACT NUMBER:
REFERRING INSTITUTION NAME AND ADDRESS OR CODE:
IF AN ADDITIONAL REPORT IS REQUIRED, PLEASE COMPLETE THE FOLLOWING:
PHYSICIAN NAME:
BILLING CODE:
ADDRESS:
CITY: **PROV.** **POSTAL CODE**
TELEPHONE NO. **FAX NO.**

INPATIENT LOCATION (WARD):
OUTPATIENT LOCATION (ADDRESS):
PATIENT NAME:
 LAST, FIRST
DATE OF BIRTH:
 DD:MM:YYYY
OUTPATIENT TELEPHONE NUMBER
SEX: F M
FACILITY PATIENT ID NO.:
PHIN (9 DIGITS):
PHYSICIAN (PRINT):
 LAST, FIRST
PHYSICIAN BILLING CODE
COLLECTION DATE:
COLLECTION TIME:
COLLECTED BY:
 NAME, INITIALS
SPECIMEN TYPE:

HISTORY AND CLINICAL IMPRESSION REQUIRED: **SPECIMEN ID #**

FLOW CYTOMETRY **HEALTH SCIENCES CENTRE**
REASON FOR TESTING MUST BE PROVIDED ABOVE (EXCEPTION PB48)
 CD4/CD8 subsets (EDTA) PB48
 Enumeration Panel (T, B & NK cells) (EDTA) PBEN
 Paroxysmal Nocturnal Hemoglobinuria (EDTA) PNH
 Oxidative Burst (HSC only) (EDTA)* OBRT
 Hereditary Spherocytosis (EDTA) HSFC
 Immunophenotyping Peripheral Blood (EDTA) PBFC
 Immunophenotyping Bone Marrow (Heparin) BMFC
 Immunophenotyping Lymph Node LNFC
 Immunophenotyping Fluid FLFC
 Immunophenotyping Fine Needle Aspirate FNFC
 Immunophenotyping Tissue TSFC
**PRIOR ARRANGEMENT WITH LABORATORY REQUIRED*

ST. BONIFACE HOSPITAL TESTS

Systemic Autoimmune Disease
 ANA SCREEN ANA
 ENA (includes the following group of 6 antigens)
 SSA (Ro) SSA
 JO-1 JO1
 Sm SM
 dsDNA DNA
 SSB (La) SSB
 Scl-70 SCL
 Sm/RNP RNP
 Centromere B CENB
 Hep2 HEP2

Rheumatoid Arthritis
 Cyclic Citrullinated Peptide CCP

Celiac Disease
 CELIAC Panel (includes Tissue Transglutaminase IgA & IgG and Endomysial IgA as required) GLUG
 ONLY Tissue Transglutaminase IgG TTG

Inflammatory Bowel Disease
 Saccharomyces Cerevisiae (IgG & IgA) ASCA
 IFA Neutrophil Cytoplasmic Ab ANCA

Phospholipid Syndrome
 Antiphospholipid (includes Ab to Cardiolipin IgG, Cardiolipin IgM, beta 2 glycoprotein 1 IgG, and beta 2 glycoprotein 1 IgM) ... APHL

Autoimmune Vasculitis
 Myeloperoxidase MPO
 Proteinase 3 PR3

Organ Specific Autoantibodies
 Mitochondrial AMA
 Adrenal ADA
 Smooth Muscle SMA
 Pemphigus PGUS
 Liver/Kidney Microsomal LKM
 Pemphigoid PGOD
 Parietal Cell PCA
 Striated Muscle STR
 Glomerular Basement Membrane GBM
 Acetylcholine Receptor ACHR
 Endomysial IgA AEMA

HEALTH SCIENCES CENTRE TESTS

Protein Quantitation (Serum)
 IgG IGG
 IgA IGA
 IgM IGM
 IgG Subclasses IGGS
 Complement C3 C3
 Complement C4 C4
 Rheumatoid Factor (RF) RF
 CRP CRP
 Free Light Chain Ratio FLCH
 C1 Esterase Inhibitor CEI

Monoclonal Gammopathy Investigation
 (includes protein electrophoresis and M peak concentration where applicable)
 SERUM PE Initial Follow-up
 URINE PEU Initial Follow-up

Total Complement Activity CH50
 (Aliquot and freeze within 1 hour of collection)

Serum Viscosity VIS
 (Minimum 20 mL RED TOP/NO GEL required)

Serum Cryoglobulin CRYO
 (Minimum 15 mL RED TOP/NO GEL;
 clot at 37°C and aliquot)

Additional Tests

St. Boniface Hospital
 Immunology Laboratory L1011
 409 Tache Avenue
 Winnipeg, Manitoba R2H 2A6
 Phone: (204) 237-2026 Fax: (204) 233-0826

**DIAGNOSTIC SERVICES MANITOBA
 IMMUNOLOGY TEST REQUISITION**

Health Sciences Centre
 Immunology Laboratory
 MS5 - 820 Sherbrook Street
 Winnipeg, Manitoba R3A 1R9
 Phone: (204) 787-2156 Fax: (204) 787-2058