

Department of Haematology

Haematology and Blood Transfusion Laboratory Handbook

Haematology hand book for Internet / intranet pages - Version: 2.1. Index: Haematology 5214. Printed: 04-Jan-2023 10:19



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Haematology and Blood Transfusion

Introduction

Definition: Haematology is the diagnosis, treatment, and prevention of diseases of the blood and bone marrow as well as of the immunologic, haemostatic (blood clotting) and vascular systems. Because of the nature of blood, the science of haematology profoundly affects the understanding of many diseases.

The Haematology Laboratory provides a comprehensive routine testing and specialised assays service for a wide variety of patients. Our biomedical scientists work in close association with the Haematology clinical team, ensuring our analysis and diagnosis is supported by expert clinical advice. We offer a morphology service for blood film and bone marrow referral. We support a number of specialist laboratories and research projects within Pathology offering a blood counting facility for blood, bone marrow, stem cell and fluid samples.

The Haematology laboratory processes approximately 140000 samples per year, acting as a regional diagnostic centre covering the North West, North Wales and The Isle of Man. Our aim is to provide a friendly and accessible routine and emergency service, with minimal test turnaround time together with a full clinical service to which clinicians and their patients have ready access.

The Haematology department is staffed by a team of medical, technical and support staff who provide an interactive clinical and analytical service. The majority of the staff are members of professional associations which have an important role in the setting of professional standards and standards of analytical performance. Continuing Medical Education and Continuing Professional Development is supported by membership of professional bodies and learned societies including the [Royal College of Pathologists](#) and the [Institute of Biomedical Science](#) which assist staff in maintaining an up to date clinical knowledge for the department. All qualified members of laboratory staff are registered with the [Health Care Professions Council](#).

The Haematology and Blood transfusion department is a UKAS accredited medical laboratory, No 9091.

A copy of the 2021 certificate can be found at:

https://www.ukas.com/wp-content/uploads/schedule_uploads/00007/9091-Medical-Single-1.pdf

The clinical service is led by 4 Consultant Haematologists and includes the Regional Leukaemia and Oncology Unit, the Regional Paediatric Haemophilia Comprehensive Care Centre and General Haematology.

The department undertakes all aspects of paediatric haematology and acts as a regional referral centre for haemophilia, leukaemia and oncology. The department also provides analytical and clinical support to the regional Neonatal Intensive Care Unit located at the Liverpool Women's Hospital.

Routine Haematology Section

This section provides approximately 90000 full blood counts per year including visual white cell differential counts, ESR, Glandular fever screening tests, G6PD and Sickle screens. The section also assists in the collection, preparation and staining of bone marrow samples.

Our aim here is to provide: A timely and accurate screening service.

Diagnosis of anaemias and other cytopenias.

The diagnosis of primary haematological disorders.

Some help for the clinician in highlighting where significant non-haematological disease is present and manifest in either an abnormal blood count or ESR.

Monitoring of treatment particularly in areas where the blood count may be affected, such as chemotherapy.

Biomedical scientists regularly review blood films as an aid to diagnosis of disease, including leukaemia, sepsis, anaemia and malaria.

Coagulation Section

Approximately 18000 coagulation screens and 1000 specific clotting factor assays are performed annually.

Capillary blood sampling is associated with activation of many clotting proteins therefore specimens for coagulation screens and specific factor assays **MUST** be collected by venous sampling. The following services are provided:

Routine Coagulation screens as part of pre and post-op assessment, and investigation of patients suspected of having an increased tendency to bruise or bleed.

Monitoring Warfarin treatment using the INR (Near Patient testing is available in the Trust please discuss this with a consultant haematologist).

Monitoring Heparin therapy using the APTT or specific Heparin assay for patients receiving Low Molecular Weight Heparin (LMWH).

The diagnosis and management of congenital or acquired bleeding disorders; the former includes haemophilia, the latter the bleeding problems in the critically ill.

Platelet function tests including platelet aggregometry are available following discussion with the Consultant Haematologist and Senior BMS in Coagulation.

Thrombophilia screen, including the lupus anticoagulant, anti-thrombin III, protein S, protein C, resistance to activated protein C, anti-cardiolipin antibody, factor V Leiden and factor II mutations are referred to a local referral laboratory for analysis. Careful interpretation of results for these tests by a consultant haematologist is required if the patient is receiving Heparin or Warfarin therapy.

Other than in the acute situation (i.e. prior to commencement of heparin) the Consultant Haematologist must be contacted prior to requesting Thrombophilia screens to ensure that the correct investigations are carried out.

Transfusion Section

This section offers the following services:

Routine blood grouping and antibody screen with identification of antibodies. Any atypical antibodies identified are referred to the Regional Blood Transfusion Service for confirmation.

Provision of compatible Red Blood Cells (RBC), for routine and emergency cases, for surgery, bleeding patients and some cases of anaemia.

Provision of compatible blood products including Platelets, Fresh Frozen Plasma and Cryoprecipitate as required for the appropriate treatment of bleeding disorders, congenital or acquired. The laboratory holds a stock of standard blood products. If there are "special requirements" for blood products including fresh RBCs and irradiated products additional time should be given when ordering the products to allow the laboratory to source the products from the National Blood Service.

N.B. Always inform the laboratory of Urgent or Emergency cross-match and blood product requests by telephone 0151-252-5492 (internal extension 2492/2490)

Direct and indirect antiglobulin test.

Kleihauer test to guide appropriate administration of anti-D during or following pregnancy to both general practice and hospital depts.

The investigation of cold agglutinins.

Special Tests Section

Immunosuppressant drug monitoring is performed in support of the renal unit and bone marrow transplantation. The regional leukaemia and oncology unit is supported with a rapid diagnostic service comprising of immunophenotyping. The service provided also includes;

Provision of the Regional Neonatal Sickle Cell Screening service, haemoglobin studies such as sickle tests, haemoglobin electrophoresis and thalassaemia screen. If a haemoglobinopathy is diagnosed, follow up clinical support is provided by the Consultant Haematologist and clinical team.

Cell surface markers in the investigation and diagnosis of leukaemia and immune disorders.
Other special investigations include special stains for haematological malignancies.
Assays for anti-rejection drugs including Cyclosporin and Tacrolimus.
These special tests are best discussed with laboratory staff before samples are sent.

Opening Hours

A laboratory service is provided 24 hours per day, seven days per week. The service is however, divided into periods where the full repertoire of tests is available (normal working hours service), and periods where a restricted range of tests are available.

Normal working hours are Monday to Friday, 9.00 am to 5.30 pm (with the exception of public holidays), a team of Biomedical Scientists and assistants are available to handle the main workflow for the laboratory.

Outside normal working hours (All day Saturday, Sunday and Bank Holidays, and all night duties – 17:30 – 09:00hrs) A single Biomedical Scientist provides the combined Haematology and Blood Transfusion service, as a result a restricted service is available. Requests should be limited to those where there is a reasonable likelihood that the results of the laboratory investigations will affect the immediate management of the patient, or where regular monitoring is required for unstable patients. Delays in service provision during this time are likely and are dependent on current workload.

“Urgent request for blood products” will be prioritised.

Where to find us

The Haematology departments are situated on the First Floor of the clinical support block of the new hospital building; staff can access the laboratory from the first floor of the main hospital crossing the bridge at the tree house end of the building.

Visitors to the laboratory should phone in advance to arrange a meeting point.

Where to find us:



The entrance to the multi-story visitor car park is located off East Prescott Road.

Making requests

All URGENT requests should be preceded by a telephone call to the haematology department on 0151-252-5490 (internal extension 2490 for Haematology, 2942 for Transfusion). The laboratory will prioritise all URGENT requests.

URGENT requests for Blood Products for bleeding patients will be given priority over all other work.

Requests for services from Alder Hey Hospital and clinics, and Neonatal Intensive Care Unit at Liverpool Women's Hospital should be made using the Trust's Meditech System (paper request forms are available during times when Meditech is not available).

Requests from GP surgeries should be printed, hand written using the specific Alder Hey Pathology request forms or ICE forms, ensuring that details entered on the request form are legible.

Request forms must contain as a minimum

Patient's name
NHS Number or Address
Hospital Unit number (case sheet number) where available
Date of birth
Ward/Clinic
Date of sample
Type of sample
Consultant /GP name / contact details of requesting doctor
Investigations required
Products requested (for blood transfusion)
Date and time required (for blood transfusion)
Clinical details
Special product requirements e.g. CMV negative
Urgency of request

It is also desirable that the request form provides the following information.

Patients Gender
Sample type
Signature of person taking sample
Gestational age (inn premature babies)

Clinical information and the patient's date of birth are particularly important in paediatric requesting, so that the laboratory staff may

Understand the reason for the request and consider the need for further investigation.

Interpret the results against an appropriate age specific reference range.

Samples should be collected in accordance with the **Trust Policy for Capillary Blood Collection C30**

Labelling samples

SPECIAL REQUIREMENTS FOR ALL SPECIMENS SENT TO THE BLOOD TRANSFUSION LABORATORY.

The transfusion laboratory operates a zero tolerance policy and will therefore **NOT** accept incorrectly labelled blood samples and forms.

Patient details for **ALL** samples for Blood Transfusion **MUST** be handwritten and must include;

- I. Patient's full name
- II. Hospital number or NHS Number.
- III. Date of birth
- IV. Ward/Clinic
- V. Date of sample
- VI. Signature of person taking sample

REQUEST/SAMPLE IDENTIFICATION

Any mistakes or omissions in the labelling of samples and request cards can lead to deleterious effects on the patient. In order to avoid any such possibility, users of the laboratory are urged to comply with the following safety check procedures.

1. Positive patient identification must be made either by direct questioning, reference to a patient's hospital identity bracelet or, for unconscious patients, the use of a unique numbering system.
2. Requests for group and/or cross-match must be in a special blood transfusion tube which is then clearly labelled by hand with all available patient identification, the minimum acceptable Patient Identification Details (PID) on the specimen tube is **Full Name, Date of Birth and Hospital number** (or NHS Number or Address), **Location of patient, Date of sample and signature of the person taking the sample.**

PRE-PRINTED IDENTIFICATION LABELS WILL NOT BE ACCEPTED.

Sample tubes must not be labelled in advance.

3. The accompanying request **MUST BE** completed on Meditech by a doctor or trained Nurse Practitioner.
4. Clear instructions as to when, where and why blood grouping or cross-matching is being requested must be included in the spaces indicated on the request form.

NB - Incorrectly or incompletely labelled samples/request forms will not be accepted by the Transfusion Laboratory and will be discarded.

FULL IDENTIFICATION IS ABSOLUTELY NECESSARY.

TIMING OF SAMPLES FOR PRE-TRANSFUSION TESTING

Transfusion or pregnancy may stimulate the production of unexpected antibodies against red cell antigens through either a primary or secondary immune response. The timing of samples selected for cross-matching or antibody screening should take account of this, as it is not possible to predict when or whether such antibodies will appear. It is also important to note that all cellular blood components contain residual red cells and may elicit an immune response.

To ensure that the specimen used for compatibility testing is representative of a patient's current immune status, serological studies (Antibody Screen and Crossmatching) should be performed using blood collected no more than 3 days in advance of the actual transfusion when the patient has been transfused or pregnant within the preceding 3 months, or when such information is uncertain or unavailable. The 3 days includes the de-reservation period, e.g. if the sample was 1-day old, the blood would have to be transfused within 2 days.

Where there has been no transfusion or pregnancy within the preceding 3 months, the sample is valid for up to 7 days.

Delivery of samples to the Transfusion laboratory

- i. For elective transfusions the same afternoon, the laboratory must receive the sample by 10am
- ii. For elective transfusions the following morning or later, the sample must be received by the laboratory by 3.30pm
- iii. Samples arriving after the designated times may be subject to Consultant review.

During the routine working day (Monday to Friday 09.00-17.30) a team of Consultants, Scientists and assistants are available to provide a full repertoire of tests. During the "OUT OF HOURS" service, requests should be limited to those where there is a reasonable likelihood that the results of laboratory investigations will affect the immediate management of the patient, or where regular monitoring is required for unstable patients. Delays in service provision during this time are likely to be dependent on current workload – PLEASE BE PATIENT!

1. Full Group and Antibody Screen Requests Samples are ABO and Rhesus (D) grouped and screened for atypical antibodies. Samples should be sent to the laboratory for analysis as early as possible to allow for testing during the routine working day.
2. Requests for ADULT RBC or PAED RBC will have ABO and Rhesus (D) compatible donor units selected and cross-matched for named patients and held for that patient until 9.00 am on the day after the date for which the request was made. If your patient has been transfused, a fresh sample for further cross-matching will be required after 3 days. Please give as much time as possible for the lab to complete grouping, antibody screening and/or cross-matching, in case atypical antibodies are encountered which could cause a delay in the provision of compatible products. The hospital operates a Maximum Surgical Blood Ordering Schedule . Under normal circumstances, the Transfusion Laboratory will cross-match according to the MSBOS, unless clear reasons for doing otherwise are provided by the requesting clinician. For further details, please contact the laboratory.

3. Accident and Emergency Samples An A/E number is only acceptable for identification purposes on requests for cross-matching of blood for IMMEDIATE transfusion, not for group and save serum samples.

Requirements for all other areas of the laboratory printed patient identification labels for samples are acceptable and ***MUST*** include the requirements listed below as a minimum.

a. Sample must have

Patient's full name
Hospital number or NHS Number.
Date of birth
Ward/Clinic
Date of sample
Signature of person taking sample

All samples must be accompanied by a relevant request form that includes

Patient's name
NHS Number or Address
Hospital Unit number (case sheet number) where available
Date of birth
Ward/Clinic
Date of sample
Type of sample
Consultant /GP name / contact details of requesting doctor
Investigations required
Products requested (for blood transfusion)
Date and time required (for blood transfusion)
Clinical details
Special product requirements e.g. CMV negative
Urgency of request

It is also desirable that the request form provides the following information.

Patients Gender
Sample type
Signature of person taking sample
Gestational age (in premature babies)

Clinical information and the patient's date of birth are particularly important in paediatric requesting, so that the laboratory staff may

Understand the reason for the request and consider the need for further investigation.
Interpret the results against an appropriate age specific reference range.

Samples not meeting these minimum criteria may be rejected.

The Department reserves the right to decline to analyse samples;
if the sample is unlabelled, missing identification, clotted or insufficient or have leaked in transit.
if a suitable request for or electronic request form (Meditech), indicating what investigations are required and why, is not received with the sample.
that are contaminated with blood or bodily fluids.
that have taken too long to reach the laboratory from the time the sample was collected.
Samples falling into these categories will be rejected and the reason for rejection included in the report the user will be notified.

Transport of samples **Timing**

Unless a specific sample timing is stated for a particular test in the test repertoire, samples should be transported to the laboratory as soon as possible after collection. All samples should arrive within a maximum of 2 hours from the time collected to ensure the stability of the sample and analytes to be tested. If samples are received more than 2 hours after collection and this delay can affect the validity of results appropriate comments will be appended to the report to describe the possible affect.

Temperature

Unless a specific transport temperature is stated for a particular test in the test repertoire and sample requirements (see below) all samples should be transported to the laboratory at room temperature. In the event of extremes of weather affecting the internal hospital temperature every effort should be made to transport the specimen as quickly as possible to protect the specimen integrity. Please contact the laboratory for information on appropriate sample storage if samples are to be stored prior to transport to the laboratory.

Within the hospital

Samples collected within the hospital should be transported to the laboratory via the air tube system or delivered to the laboratory reception by hand. Samples transported on foot should be transported in an opaque red specimen transport box.

Samples transported from external sites

Routine diagnostic samples should be transported in sealed specimen containers, covered with absorbent material in sufficient quantity to absorb the contents of the container(s), and placed inside a plastic specimen bag which in turn is placed inside rigid, opaque packaging in line with UN3373 regulations. When multiple sample containers are placed in single secondary packaging, they should either be individually wrapped in absorbent material or separated to prevent contact between them. Sample packages should be labelled with the UN3373 symbol. The package should also be labelled with the words "Diagnostic Specimen" and the name and address of the referring laboratory.

Category A infectious substances

Please note that Category A infectious substances are assigned to UN 2814 regulations and must be packaged in accordance with UN Packaging Instructions PI620 (road/ rail) or PI602 (air). Further information is available via the Health and Safety Executive website.

Where specimens are transported frozen on dry ice, the dry ice must be placed outside the plastic specimen bag and packages clearly identified with a dry ice identification symbol:

If samples are transported in wet ice, the ice must be placed outside the plastic specimen bag and the packaging must be leak-proof.

Please also enclose a completed request form including:

Full name of patient

Date of Birth

Hospital Number or NHS number or address

Name and location of requesting clinician

Tests requested

Clinical details including details of any medication

Protection of Personal Data and Information

Personal data and information on request forms is required in order for the laboratory to operate and may be stored on laboratory computer files. The intent of the laboratories is to ensure that any personal data and information is treated lawfully and in accordance with the NHS requirements concerning confidentiality and information security standards. To this end we fully endorse and adhere to the Trust Data Protection Policy, the requirements of which are primarily based upon the Data Protection Act 1998 which is the key piece of legislation covering security and confidentiality of personal information.

All personal information is protected in line with the Trust Confidentiality Policy (RM37).

Seeking Advice

Enquiring about sample types and amounts

See [link for test repertoire](#) or contact the laboratory on 0151 252 5490 (internal extension 2490). The sample volumes indicated are the minimum required but it is helpful if larger volumes can be supplied to enable repeat testing if required. If inadequate sample volumes are provided, it may be necessary to delete those tests from the profile that require large amounts of sample. If there are clinical reasons for giving preference to specific analytes please indicate this clearly on the request and/or telephone the department to discuss your requirement.

Additional investigations

If additional investigations are required on specimens already sent to the laboratory, please contact the laboratory to establish if sufficient sample remains and it is suitable for analysis. Telephone requests for additional investigations must be followed up

by a written request form (back of a standard specimen bag) providing the patient details, test/tests required and details of the laboratory staff the request was discussed with.

Key contacts

Haematology Medical Staff		Internal extension	Direct Dial
Consultant Haematologist (Acting Head of Department)	Dr Katherine Lindsay	Secretary Ext 3680	Via switchboard
Consultant Haematologist (Deputy HoD)	Dr Jessica Sandham	Secretary Ext 3680	Via switchboard
Consultant Haematologist	Dr Russell Keenan	Secretary Ext 3680	Via switchboard
Consultant Haematologist	Dr Banurekha Thangavelu	Secretary Ext 3680	Via switchboard
Haematology Biomedical Scientists (BMS)			
Acting Laboratory Manager/ Lead BMS	Mr Andrew Simpson	Ext 2490	0151 252 5490
Laboratory Manager/Lead BMS (Maternity leave)	Mrs Sarah Baker	Ext 2229	0151 252 5229
Senior BMS Special Haematology	Mr Paul Walsh	Ext 2559	0151 252 5559
Senior BMS Blood Transfusion	Ms Janet Fu	Ext 2492	0151 252 5492
Senior BMS Routine Haematology	Mrs Lisa McAllister	Ext 2490	0151 252 5490
Acting Senior BMS Coagulation	Mrs Clare Taylor	Ext 2490	0151 252 5490
Transfusion Practitioner	Mrs Tracey Shackleton	Ext 2006	0151 252 5006

Clinical Advice

Clinical advice on the planning and interpretation of haematological investigations is available at all times. The laboratory can be contacted at any time for technical advice on 0151 252 5940 (internal extension 2490) and the duty Consultant Haematologist can be contacted for clinical advice and result interpretation via the hospital switchboard (0151 228 4811)

Results and Reports

The results of most routine FBC and Clotting Screens will be available on Meditech within 4 hours. We aim to provide results for **URGENT** Blood Counts and Clotting Screens within 1 hour of receiving the sample. Significantly abnormal results that require clinical action are telephoned to the requesting doctor.

All incoming work is classified as routine unless the requesting clinician contacts a member of laboratory staff to inform them that the specimen requires urgent analysis and provides a valid reason.

Typical turnaround times are dependent on the complexity of the requested test, current workload and staff availability. Some tests are referred to external laboratories, and the turnaround time for such tests is largely out of our control. Additional time

has to be allowed for appropriate transport of specimens. Please contact the Haematology laboratory for more detailed information.

Reference Ranges

It is important to understand that reference ranges are age (and in some instances sex) related and appertain to particular methodology. The reference ranges quoted in these pages and with printed and electronic results therefore are only applicable to analyses performed at the Haematology Department of Alder Hey Children's NHS Foundation Trust. Reference ranges are displayed with all results on both computer screen and printed reports. For further clinical interpretation of laboratory results please contact the duty Consultant Haematologist. To view the reference ranges follow the link [ranges](#).

Quality Control

The quality of results is controlled by internal quality control procedures and monitored by [external quality assessment](#). The Haematology department participates in external quality assurance and proficiency schemes from the UK (UKNEQAS).

Common interferences

Users should be aware that samples collected by capillary puncture from children are more prone to interference than samples collected by venepuncture in adults. Samples collected by capillary puncture from children are more prone to contamination with Vaseline / grease if used to collect samples this can affect the results of many tests and may in certain circumstances block and or damage analyser function. Therefore Vaseline or grease should not be used.

The most common interferences are haemolysis, lipaemia and jaundice. All our samples are routinely checked for the common interferences and the affected tests are indicated on the final report. Heparin and other contaminating fluids from venous line samples will interfere with coagulation test results (especially APTT, TT and Factor assays) and many other analytes.

Delays of more than a few hours in sample transport to the laboratory can also result in erroneous results for some analytes, e.g. PT, APTT. Laboratory users are encouraged to send samples to the laboratory as quickly as possible to minimise the effects of storage on the results produced and to help streamline workflow through the department. For more detailed information on interferences please contact the Haematology laboratory ext 2490.

Test repertoire and sample requirements.

The main sample tubes used in Haematology are shown below. If the tube you require is not shown please contact the laboratory for advice.

The order of fill for capillary / micro sample collection is different from that of venepuncture using evacuated tube systems. If multiple samples are to be collected the EDTA specimen should be collected first followed by any tube containing anticoagulants followed by plain (no anticoagulant) tubes. However if a Blood Gas must be collected at the same time this should be collected first to ensure the results.

ALWAYS PUT THE CORRECT CAP ON EACH TUBE AND DO NOT DECANT FROM ONE TUBE TO ANOTHER AS THIS WILL LEAD TO CONTAMINATION WITH THE WRONG ANTICOAGULANT WHICH WILL RENDER THE TESTS AS NON REPORTABLE

TEST	Specimen type	SAMPLE REQUIRED / TUBE COLOUR	SPECIAL REQUIREMENTS
ACA (Anti-Cardiolipin Assay)	Blood	2 X 1.3ML Citrate (Green)	Venous Blood
ADAMTS-13 Assay/Inhibitor	Blood	2 X1.3ML Citrate (Green)	Venous Blood
Adrenal glandAb	Blood	1.3 ML PLAIN TUBE (White)	
AMA ab	Blood	1.3 ML PLAIN TUBE (White)	
ANCA	Blood	1.3 ML PLAIN TUBE (White)	
Ant GBM Ab	Blood	1.3 ML PLAIN TUBE (White)	
Anti Cardiac Muscle Ab	Blood	1.3 ML PLAIN TUBE (White)	
ANTI ds DNA	Blood	1.3 ML PLAIN TUBE (White)	
Anti ENA	Blood	1.3 ML PLAIN TUBE (White)	
Anti Enterocyte	Blood	1.3 ML PLAIN TUBE (White)	
ANti IF Ab	Blood	1.3 ML PLAIN TUBE (White)	
Anti MyositisAb	Blood	1.3 ML PLAIN TUBE (White)	
Anti Nuclear Ag	Blood	1.3 ML PLAIN TUBE (White)	
Anti Skin Ab	Blood	1.3 ML PLAIN TUBE (White)	
Anti Xa assay (LMWH, UHF)	Blood	1.3 ml in Citrate (Green)	Venous Blood

Antithrombin III	Blood	1.3 ml in Citrate (Green)	Refer to Thrombophilia screen.
APTT	Blood	1.3 ml in Citrate (Green)	Venous Blood
AUTO AB SCREEN	Blood	1.3 ML PLAIN TUBE (White)	
Autoimmune Hep	Blood	1.3 ML PLAIN TUBE (White)	
BCR ABL	Blood	4.0 ML EDTA (Purple)	Discuss with Haem Consultant
Bone marrow aspirates.	Bone marrow	By special request- 1 ml EDTA	4 ML EDTA Special request- Contact Haematology
C1 Est Inh func	Blood	1.3 ML PLAIN TUBE (White)	
C1 Est profile	Blood	1.3 ML PLAIN TUBE (White)	
cDNA	Blood	4.0 ML EDTA (Purple)	
Cell markers for leukaemia diagnosis	Blood / bone marrow	By special request- 1 ml EDTA	4 ML EDTA Contact haematology
Centromere Ab	Blood	1.3 ML PLAIN TUBE (White)	
CF Gene	Blood	4.0 ML EDTA (Purple)	
CF Gene Buccal Swab	Blood	Buccal Swab	
Clotting screen (CS)	Blood	1.3 ml in Citrate (Green)	Venous Blood
COAGULATION MOLECULAR GENETICS FII, FV, FVII, FVIII, FIX, FX, FXI, FXII, VWF.	Blood	4.0 ML EDTA (Purple)	Discuss with Haem Consultant
CSF cytology	CSF	0.5ml (20 ml Universal)	
Cyclosporin	Blood	1 ml EDTA (Pink)	
Cytogenetics/ Microarray	Blood	4.0 ML EDTA (Purple) 4.0ml Heparin (Orange)	
D Dimers	Blood	1.3 ml in Citrate (Green)	Venous Blood
Differential WBC and blood film	Blood	(included in FBC where required)	
ds DNA titre	Blood	1.3 ML PLAIN TUBE (White)	
Emicizumab level	Blood	3*1.3ml Citrate (Green)	Venous Blood
ESR	Blood	0.5 ml in EDTA (Pink)	
Everolimus	Blood	0.5 ml in EDTA (Pink)	
Extended T & B lymphocyte subsets	Blood	0.5 ml in EDTA (Pink)	

Factor VIII, IX, XI, XII, XIII, II, V, VII, X.	Blood	3*1.3 ml Citrate (Green)	Venous Blood
Factor VIII / IX Inhibitor assay	Blood	1.3 ml in Citrate (Green)	Venous Blood
Factor VIII/IX Inhibitor screen	Blood	1.3 ml in Citrate (Green)	Venous Blood
FOXP3	Blood	0.5 ml in EDTA (Pink)	
Fragile X	Blood	4.0 ML EDTA (Purple)	
		4.0 ml Heparin (Orange)	
Full Blood Count.(FBC)	Blood	0.5 ml in EDTA (Pink)	
FVIII BINDING ASSAY	Blood	3*1.3 ml Citrate (Green)	Discuss with Haem Consultant.
FVL AND PGM MAY BE REQUESTED SEPARATELY	Blood	0.5 ml in EDTA (Pink)	
G6PD screen	Blood	1.3ML EDTA (Pink)	
G6PD and PK	Blood	1.3ML EDTA (Pink)	
G6PD assay	Blood	1.0 ml in EDTA (Pink)	
Gastric PC Ab	Blood	1.3 ML PLAIN TUBE (White)	
Glandular fever screening test.	Blood	0.5 ml in EDTA (Pink)	
Haemoglobin electrophoresis	Blood	0.5 ml in EDTA (Pink)	
HbS screening test.	Blood	0.5 ml in EDTA (Pink)	
Hemansky-Pudlak Syndrome	Blood	4.0 ML EDTA (Purple)	Discuss with Haem Consultant.
HIT screen	Blood	3*1.3 ml Citrate (Green)	Discuss with Haem Consultant.
HLA B27	Blood	4.0 ML EDTA (Purple) 1.3ml from Neonate	
HLA B51	Blood	4.0 ML EDTA (Purple) 1.3ml from Neonate	
HLA class 1	Blood	4.0 ML EDTA (Purple) 1.3ml from Neonate	
HLA class II	Blood	4.0 ML EDTA (Purple) 1.3ml from Neonate	
HLA DQ2:HLA DQ8	Blood	4.0 ML EDTA (Purple) 1.3ml from Neonate	
HLH Protiens * (includes SAP/Perforin/Granule release assay)	Blood	10ml EDTA (patient + control)	Discuss with Haem Consultant - not to be ordered on weekends
HMWK & Kalikrein	Blood	3*1.3 ml Citrate (Green)	Discuss with lab
JAK2	Blood	4.0 ML EDTA (Purple)	

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Karyotype Boy	Blood	2ml Heparin (Orange)	
		2ml EDTA (Pink)	
Karyotype Girl	Blood	2 ml Heparin (Orange)	
		2ml EDTA (Pink)	
LKM	Blood	1.3 ML PLAIN TUBE (White)	
LUPUS Screen.	Blood	3*1.3 ml Citrate (Green)	Venous Blood
Lymph Function	Blood	5 ml LI Heparin (Orange)	
Lymphocyte subsets	Blood	0.5 ml in EDTA (Pink)	
Malarial parasites ID	Blood	1.3ML EDTA (Pink)	
Molecular Genetics	Blood	4.0 ML EDTA (Purple)	
MRD AML	Marrow	4.0 ML EDTA (Purple)	
	Blood	20 mL Blood EDTA (Purple)	
MRD APML	Marrow	5ml BM EDTA (Purple)	
	Blood	20 mL Blood EDTA (Purple)	
MRD Flow	Bone marrow	3-5 ml Marrow (Purple)	
MRD Molecular	Bone marrow	3-5 ml Marrow (Purple)	
Neutrophil OB/ Function/ DHR	Blood	10 ML HEPARIN (Orange)	
NGS	Blood	4.0 ML EDTA (Purple)	
Perforin	Blood	5ml EDTA (patient + control) (Purple)	Discuss with Haem Consultant - not to be ordered on weekends
PK assay	Blood	1.3ML EDTA (Pink)	
Platelet function test.	Blood	10.0 ml Citrate (Green)	Venous Blood - Arrange with Haematology
Platelet glycoproteins	Blood	3 x 1.3 ml in Citrate (Green)	Contact haematology
Platelet nucleotides	Blood	10.0 ml Citrate (Green)	Venous Blood - Arrange with Haematology
PNH SCREEN	Blood	4.0 ML EDTA (Purple)	Discuss with Haem Consultant
PROTEIN C	Blood	1.3 ml Citrate (Green)	Refer to Thrombophilia screen.
PROTEIN S	Blood	1.3 ml Citrate (Green)	Refer to Thrombophilia screen.
Prothrombin time INR	Blood	1.3 ml in Citrate (Green)	Venous Blood

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Quantification of Hb A2, HbS, HbF	Blood	0.5 ml in EDTA (Pink)	
Reptilase time	Blood	1.3 ml in Citrate (green)	Venous Blood
Reticulocytes.	Blood	Included in FBC but MUST be requested 0.5 ml in EDTA (Pink)	
Rheumatoid factor	Blood	1.3 ML PLAIN TUBE (White)	
VWF activity	Blood	1.3 ml in Citrate (Green)	Venous Blood
SAP	Blood	5ml EDTA (patient + control) (Purple)	Discuss with Haem Consultant - not to be ordered on weekends
Sirolimus	Blood	1 ml EDTA (Pink)	
SMA Ab	Blood	1.3 ML PLAIN TUBE (White)	
SNP	Blood	4.0 ML EDTA (Purple)	
StriatedMusAb	Blood	1.3 ML PLAIN TUBE (White)	
Tacrolimus	Blood	0.5 ml in EDTA (Pink)	Performed Tuesday and Friday
TdT	Blood / bone marrow	By special request	Contact haematology
Telomeres	Blood	4.0 ML EDTA (Purple)	
Thrombin time	Blood	1.3 ml in Citrate (Green)	Venous Blood
THROMBOPHILIA SCREEN (PC, PS, AT, APCR, FVL, PGM, ACA, Lupus)	Blood	3 X 1.3ML Citrate (Green)	Venous Blood
	Blood	0.5 ml in EDTA (Pink)	
Vacuolated Lymphocytes	Blood	2ml EDTA+3 unstained/1 stained films	
VON WILLEBRAND MULTIMERS	Blood	3 X 1.3ML Citrate (Green)	Venous Blood - Discuss with Haem Consultant
VWF antigen	Blood	1.3 ml in Citrate (Green)	Venous Blood
Von Willebrand factor assays	Blood	3 x 1.3 ml in Citrate (Green)	Venous Blood
Whole Genome Sequencing	Blood	4.0 ML EDTA (Purple)	
Whole Genome Sequencing - Malignant	Blood	0.5 ml in EDTA (Pink)	Pair with Histology sample
XIAP	Blood	0.5 ml in EDTA (Pink)	

BLOOD TRANSFUSION

To ensure patient safety, the transfusion laboratory requires the patient to have had blood group testing performed on more than one occasion prior to issuing red blood cells. The two separate samples for Group and Antibody screen must have been taken at different times, i.e at different phlebotomy sessions.

Blood group and antibody screen	Blood	> 4months 4.0 ml EDTA (Purple)	
Direct Antiglobulin test	Blood	> 4months 1.3 ml EDTA (Purple)	
Antibody screens	Blood	> 4months 4.0 ml EDTA (Purple)	
Antibody Identification panels	Blood	> 4months 4.0 ml EDTA (Purple)	
Compatibility testing to Provide Red Blood Cells for Transfusion for	Blood	Add 1.0 ml /unit of red cells required to the Blood group and screen specimen.	
Patient <4 months old		4.0 ml EDTA sample, Blood Group and Antibody screen specimen can be used.	
Patient > 4 months old	Blood		
Provide Platelets for transfusion		If Patients blood group is known no sample is required	If Patients blood group is <u>unknown</u> send 2 separate samples for Blood Group and antibody screen.
Provide Octaplas / FFP for transfusion		If Patients blood group is known no sample is required	If Patients blood group is <u>unknown</u> send 2 separate samples for Blood Group and antibody screen
Provide Cryoprecipitate for transfusion		If Patients blood group is known no sample is required	If Patients blood group is <u>unknown</u> send 2 separate samples for Blood Group and antibody screen
Kleihauers	Blood	2.5 ml EDTA (Pink/Red)	
Cold agglutinins- referred to NHSBT ** DISCUSS WITH LAB BEFORE TAKING SAMPLE**	Blood	4.0 ml EDTA (Purple)	<u>Specimen MUST be kept at 37°C and taken direct to the Transfusion Lab.</u>

Turnaround times

The department classifies its work as routine or urgent. All incoming work is classified as routine unless the requesting clinician contacts a member of staff in the department to inform them that work is to be undertaken urgently. The processing of the different categories of work is described below.

All URGENT requests should be preceded by a telephone call to the haematology department on 0151-252-5490 (internal extension 2490 for Haematology, 2942 for Transfusion). The laboratory will prioritise all URGENT requests.

URGENT requests for Blood Products for bleeding patients will be given priority over all other work.

Routine Work

Routine requests within each work section are processed on a depending on clinical details and first in, first out basis.

Urgent Work

The turnaround time given under the 'urgent' category is the minimum time needed to analyse a sample if we change the order of work on our work list. Requests for urgent work should be made only if the patient is unstable and results are needed to decide on the immediate clinical management.

Work will be prioritised according to clinical urgency.

Out of Hours Work

The department provides a continuous 24 hour service with a restricted repertoire of tests available outside normal working hours. Outside normal working hours one member of the Haematology BMS staff provides cover for all Haematology and Blood Transfusion requests and can be contacted on extension 2490 or bleep 289.

The turnaround times quoted below are measured from the time of the receipt of the specimen in the laboratory to reporting of the result. The department operates a programme for regular review of turnaround times.

Provision of blood products

Turnaround time for the provision of blood products are approximate and are timed from the receipt of a correctly labelled specimen in the appropriate container with sufficient blood volume. If there are special requirements e.g. irradiated products, or there are complicating factors e.g. red cell antibodies there may be a delay in provision of appropriate blood products.

TEST	Turnaround times		
	Routine	Urgent	Out of Hours
Full Blood Count	4 hours	1 hour	1 hour
Differential WBC and blood film	4 hours	1 hour	1 hour
Glandular fever screening test	4 hours	1 hour	1 hour
Malarial parasites screen	4 hours	1 hour	1 hour
Sickle screening test	4 hours	1 hour	1-4 hours
Erythrocyte Sedimentation Rate	4 hours	75 min	75 min
Nucleated red cell count	4 hours	1 hour	1 hour
Reticulocytes	4 hours	1 hour	1 hour
Bone marrow aspirates	2 days	Discuss with Consultant	Discuss with Consultant
G6PD screen	4 hours	1 hour	1-4 hours
Direct antiglobulin test	4 hours	1 hour	1-4 hours
Rheumatoid factor	1 week	Discuss with Laboratory	Not available

Haemoglobin HPLC	3 days	1 day	Not available
HbA, HbA ₂ , HbC, HbD, HbF, HbS	3 days	1 day	Not available
Aspirated Fluid Cytology	4 hours	1 hour	1-4 hours
Tacrolimus	Tuesdays + Fridays	Discuss with Consultant	Discuss with Consultant
Spherocytosis screen (5-EMA)	1 day	Discuss with Consultant	Discuss with Consultant
CD34 enumeration	1 day	Discuss with Consultant	Discuss with Consultant
Blood/ bone marrow/ CSF cell markers for leukaemia diagnosis	1 day	Discuss with Consultant	Discuss with Consultant
Helper/suppressor lymphocytes (T4:T8)	3 days	Discuss with Consultant	Discuss with Consultant
Lymphocyte subsets	3 days	Discuss with Consultant	Discuss with Consultant
Clotting screen.	4 hours	1 hour	1 hour
Prothrombin time INR	4 hours	1 hour	1 hour
APTT	4 hours	1 hour	1 hour
Thrombin time	4 hours	1 hour	1 hour
Reptilase time	4 hours	1 hour	1 hour
D-Dimers	4 hours	1 hour	1 hour
VWF activity	1 - 2 weeks	4 hours	Discuss with Consultant
VWF antigen	1 - 2 weeks	4 hours	Discuss with Consultant
Factor VIII, IX, XI, XII, II, V, VII, X, XIII.	1 - 2 weeks	Discuss with laboratory	Discuss with Consultant
Inhibitor screen	4 hours	Discuss with laboratory	Discuss with Consultant
Inhibitor assay	1 - 2 weeks	Discuss with laboratory	Discuss with Consultant
Platelet function test.	By special request	Not available	Not available
Antithrombin	4 hours	1 hour	1 hour
Anti-Xa assay (LMWH, UHF)	4 hours	1 hour	Discuss with Consultant
Blood group	1 day	45 min	45 min
Direct Antiglobulin Test	1 day	45 min	45 min
Antibody screen	1 day	45 min	45 min
Antibody panels	1 day	2 hours	2 hours
Compatibility testing and provide cross matched red cells for transfusion	1 day	60 min - if blood type known	60 min - if blood type known
Provide red cells for transfusion in emergency situations when time does not allow cross matching.			
2 units of Group O Negative blood are available for emergency use in laboratory issue fridge, theatre fridge AHCH and NICU-LWH		10 min	10 min
Provide Platelets for transfusion	1 day	20 min (if available in the Trust)	20 min (if available in the Trust)
Provide FFP/ Octaplas for transfusion	45 min	20 min	20 min
Provide Cryoprecipitate for transfusion	45 min	20 min	20 min
Kleihauer	1 day	1 hour	1 hour

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Haematology reference ranges

Common tests reference ranges are listed below. For more specialist tests please contact the Haematology department or Consultant Haematologists for advice.

	1 day	3 day	1 week	2 weeks	1 month	2 month	6 month	1 year	2 years	4 years	8 years	16 yrs (f)	16 yrs (m)
Hb g/L	140-220	140-220	130-210	125-205	100-170	90-135	100-141	100-141	100-148	100-148	115-158	118-160	129-171
WBC *10 ⁹ /L	9.0-18.4	9.0-18.4	5.0-18.4	5.0-18.0	5.0-18.0	5.0-18.0	5.0-17.0	5.0-17.0	5.0-17.0	6.3-16.2	4.9-13.7	3.9-9.9	3.9-9.9
PLT*10 ⁹ /L	150-400	150-400	150-400	150-400	150-400	150-400	150-400	150-400	150-400	150-400	150-400	150-400	150-400
RBC*10 ¹² /L	3.8-6.5	3.8-6.5	3.2-6.4	3.2-6.4	2.8-5.3	2.6-4.3	3.6-5.0	4.1-5.3	4.0-5.0	4.0-5.0	4.0-5.2	3.88-4.99	4.3-5.6
HCT	0.45-0.67	0.45-0.67	0.42-0.66	0.39-0.63	0.31-0.55	0.28-0.42	0.30-0.41	0.30-0.41	0.31-0.43	0.31-0.43	0.34-0.47	0.35-0.46	0.37-0.50
MCV fl	98-130	94-130	88-120	86-120	85-120	77-115	72-95	73-90	73-90	74-88	76-92	80-98	80-98
MCH pg	31.0-39.0	30.0-37.0	28.0-37.0	28.0-37.0	27.0-36.0	29.0-34.0	25.0-33.0	24.0-32.0	23.0-32.0	25.0-32.0	25.0-33.0	27.0-33.0	27.0-33.0
MCHC g/L	300-360	300-360	280-360	280-360	290-365	290-365	300-365	300-365	300-365	310-365	310-365	315-355	315-365
NEUTs*10 ⁹ /L	4.8-17.1	2.0-9.4	1.8-8.0	1.7-6.0	1.0-9.0	1.0-9.0	1.0-8.5	1.5-8.5	1.5-8.5	1.6-9.0	1.4-7.5	1.4-5.7	1.4-5.7
LYMPHs*10 ⁹ /L	2.0-7.3	2.0-7.3	2.8-9.1	2.8-9.1	3.0-13.5	3.0-13.5	4.0-13.5	4.0-10.5	3.0-9.5	2.0-8.0	1.5-7.6	1.2-3.8	1.2-3.8
MONOs*10 ⁹ /L	0.06-1.9	0.06-1.9	0.06-1.7	0.06-1.7	0.06-1.7	0.06-1.7	0.06-1.3	0.06-1.3	0.06-1.3	0.06-1.3	0.06-1.3	0.15-1.28	0.15-1.28
EOSINs*10 ⁹ /L	0-0.8	0-0.8	0-0.9	0-0.8	0-0.8	0-0.8	0-0.8	0-0.8	0-0.8	0-0.8	0-0.75	0.0-0.76	0.0-0.76
BASOs*10 ⁹ /L	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2	0-0.2
MYELOs*10 ⁹ /L	0-0.1	0-0.1	0-0.1	0	0	0	0	0	0	0	0	0	0
NRBC %	2	2	0	0	0	0	0	0	0	0	0	0	0
RETIC %	3-7	1-3	0.4-3	0.4-3	0.4-3	0.4-3	0.4-3	0.4-3	0.4-3	0.4-3	0.4-3	0.4-3	0.4-3
ESR mm in 1 hour	2-8	2-8	2-8	2-8	2-8	2-8	2-8	2-8	2-8	2-8	2-8	2-8	2-8

Haematology Reference ranges (specific to analyses performed at Alder Hey Children's Hospital)
Ranges compiled from ranges published in Practical Paediatric Haematology by Hinchcliffe and Lilleyman, Blood Cells a Practical Guide by Barbra Bain and Nathan and Oski's Paediatric Haematology.

Coagulation.

	From 0 days	From 3 days	From 1 month	From 3 month	From 6 month	From 1 year
PT (secs)	8.6 – 13.5	8.1 – 13.0	7.9 – 12.0	8.2 – 12.1	9.1 – 11.8	9.8 – 11.4
APTT (secs)	25.4 – 44.1	23.8 – 45.2	20.7 – 44.7	19.5 – 40.6	22.8 – 34.7	24.2 – 30.2
Fibrinogen g/L	1.6 – 3.8	1.6 – 4.4	1.6 – 3.6	1.1 – 3.6	1.1 – 3.7	1.8 – 3.5
Thrombin Time (secs)	13.1 – 19.8	11.9 – 20.4	13.6 – 20.4	14.4 – 20.8	13.9 – 21.8	15.6 – 19.6
Reptilase Time Secs	16.3 – 18.7	16.3 – 18.7	16.3 – 18.7	16.3 – 18.7	16.3 – 18.7	16.3 – 18.7
D Dimer ng/mL FEU	<500	<500	<500	<500	<500	<500
Antithrombin	51-75	From 5 days 54-80	63-93	63-93		85-129
Clotting Factor Assays	Discuss	with	Consultant	Haematologist		

Special Haematology

	1day	1 month	1 year	60 year
HbA, HbA2, HbC, HbD, HbF, HbS				
Spherocytosis screen (5-EMA)				
CD34 enumeration				
Blood/ bone marrow/ CSF cell markers for leukaemia diagnosis				
Rheumatoid Factor iu/ml	0 – 25	0 – 25	0 – 25	0 – 25
Tacrolimus ng/ml **	5 – 20	5 – 20	5 – 20	5 - 20
Lymphocyte subsets	Discuss	With	Consultant	immunologist

* Appropriate Cyclosporin results are usually in the range 95 - 205µgm/L. However, it is the decision of the clinician leading the care of the patient to decide on the therapeutic level to be achieved.

** The therapeutic range of Tacrolimus is not clearly defined but target 12 hour trough whole blood concentrations are 5 – 20 ng/ml early post transplant

Blood Products

This table indicates the typical volumes for each product type

Blood Product	Volume (ml)	Anticoagulant	Haematocrit
Whole Blood (for exchange transfusion only)	468 – 558	CPD	0.45
Concentrated red cells	280 – 420	CPD/SAG-M	0.5 – 0.7
Red cells (Paediatric pack)	45	SAG-M	0.5 – 0.7
Octaplas (including FFP standard pack)	200 – 340		
FFP (Paediatric pack)	45 – 85		
Cryoprecipitate	20 – 40		
Platelets (1 adult dose)	150 – 350		
Platelets (single Paediatric pack)	40 - 70		

Referral Laboratories

The Haematology department refers samples to the following laboratories for analysis:

Referral Laboratory	Address	Referring Section	Investigations referred	Turnaround time
Merseyside and Cheshire Regional Genetics lab and Regional Molecular Genetics lab	Liverpool Women's NHS foundation trust Crown Street Liverpool L8 7SS	Routine	CF Gene Analysis Cytogenetics - Microarray Cytogenetics Karyotype – Girl/ Boy Cytogenetics Karyotype – FISH Molecular Genetics Whole Genome Sequence Constitutional DNA storage Newborn Screening DNA Fragile X Whole Genome Sequence Malignant MCADD Common Mutation SNP	Urgent FISH 3 days Urgent Microarray 14 days Non-urgent karyotyping 21 days Non-urgent gene panels 84 days
Immunology	CLINICAL SCIENCES CENTRE, MANCHESTER ROYAL INFIRMARY, OXFORD ROAD, MANCHESTER, M13 9WL	Routine	Neutrophil oxidative burst/ Neutrophil Function/ DHR Platelet glycoproteins	2 days 2-3 days
Immunology	Immunology Dept, LCL Liverpool University Hospitals Foundation Trust.	Routine	Auto Antibody Screen Autoimmune Hepatitis Screen Liver Auto Antibodies (LAA) Anti-nuclear antibodies (ANA) Anti-double stranded DNA Titre Anti-double stranded DNA Anti-Extractable Nuclear Ag (ENA) Anti Adrenal Gland Ab Anti Centromere Ab Anti-Enterocyte Ab Anti-Gastric Parietal Cell Ab Anti Glomerular Membrane Ab Intrinsic Factor Ab Anti-Neutrophil Cytoplasmic Ab Anti-PR3 Anti-ANCA MPO Anti-myoisitis Ab C1 Esterase profile C1 Esterase profile Anti-Smooth muscle Ab Anti-Striated Muscle Ab Anti Skin Ab Anti Mitochondrial Ab C1 Esterase Inhibitor Function Liver/Kidney Microsomal Ab Liver Auto Antibody Pattern <u>Tissue Typing</u> HLA B51 HLA Class 1 (A,B,C) type HLA Class II (DQ,DR) type HLA B27 HLA DQ2 and HLA DQ8	7 days
Dept of Biochemistry Freeman Hospital	Department of Blood Sciences Newcastle Upon Tyne Hospitals NHS Trust Freeman Hospital Freeman Road, High Heaton	Specials	Sirolimus	24 hrs

	Newcastle NE7 7DN			
Royal Victoria Infirmary	Newcastle Hospitals Flow Cytometry Lab, Immunology Dept, Royal Victoria Infirmary, Queen Victoria Road, Newcastle upon Tyne, NE1 4LP	Specials	Early Onset IBD Screen: XIAP Extended T&B Subsets Fox P3	1 week
SYNNOVIS Formerly Viapath Analytics	Red Cell Laboratory Dept.of Haematology Kings College Hospital Denmark Hill London SE5 9RS	Routine	G6PD Pyruvate Kinase	10 days
Red Cell Immunohaematology	NBS Liverpool Estuary Banks Speke Liverpool L24 8RB This will include samples being sent to other NHSBT centres for analysis eg Bristol. Liverpool NHSBT will use internal transport systems to ensure the sample arrives at the testing lab in a timely manner.	Transfusion	Blood Goup Red Cell phenotype DAT HLA type Investigate TRALI HLA AB Cold agglutinins Xmatch for transplant FMH enumeration Autoimmune Neutropaenia / Thrombocytopaenia Non haemolytic reaction Drug related Neutropaenia / thrombocytopaenia PTP Platelet refractive ness HIT Thrombastaenia Allo antibody investigation Autoimmune haemolytic DAT Haemolytic reactions HDNB Fellys syndrome	Varied

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SPECIALIST HAEMOSTASIS, PATHOLOGY DEP	PATHOLOGY DEPT, BLOCK 32, CHANCELLOR'S WING, ST JAME'S UNIVERSITY HOSPITAL, BECKETT STREET, LEEDS, LS9 7TF.	Coagulation	Platelet glycoproteins Platelet nucleotides	1 month
Coagulation Laboratory	Department of Haematology Clinical Support Services Building, Royal Liverpool University Hospital, Mount Vernon Street Liverpool L7 8YE 0151 706 4967	Coagulation	Protein C Protein S APCR Factor V Leiden Prothrombin Gene Mutation LUPUS screen AT III Anticardiolipin Antibodies	1-2 weeks
Liverpool School of Tropical Medicine	Diagnostic Laboratory. Liverpool School of Tropical Medicine Pembroke Place Liverpool L3 5QA 0151 708 9393	Routine	Malaria Parasite investigation	1 day
Birmingham Children's Hospital	Haematology Medical Laboratory Block Birmingham Children's Hospital Whittall Street B4 6NH 0121 333 9805	Routine	5-EMA sample sharing	
Supraregional Service Molecular Diagnostic lab Great Ormond Street	Camelia Botnar Labs Great Ormond Street Children's Hospital London WC1N 3JH	Routine	HLH Proteins Perforin	
Coagulation Laboratory	Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JF	Coagulation	Factor VIII binding assay, vW Multimers, alpha-2 antiplasmin	3 months

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Genomic Diagnostic Laboratory (via local hub LWH)	Manchester Centre for Genomic Medicine, St Mary's Hospital, Manchester, M13 9WL	Coagulation	Genetics for F2, F5, F7, F8, F9, FX, F11, F13, VWF, combined FV & FVIII.	Routine 42 days Urgent 3 days (Prenatal diagnosis)
Biochemistry	Freeman Hospital Newcastle	Specials	Sirolimus	1 week
Biochemistry	LCL	Specials	Cyclosporin	1 week
Molecular Diagnostics Bristol MRD laboratory	Bristol Genetics Laboratory Pathology Sciences Southmead Hospital Westbury-on-Trym Bristol BS10 5NB	Routine	MRD by: MOLECULAR – ALL only FLOW – AML/APML/ALL	1 month
Histopathology Dept Great Ormond Street	Camelia Botnar Level 3 GOSH London WC1N 3JH	Routine/ Coagulation	Hermansky-Pudlack	1 month
Haematology Oncology Diagnostics Service (HODS)	HODS Haematology Laboratory Clinical Support Services Building, Royal Liverpool University Hospital, Mount Vernon Street Liverpool L7 8YE	Routine	Cell Markers PNH BCR-ABL NGS JAK2 (TP53 – MOL Biology, via HODS)	7-21 days
Molecular Oncology Diagnostics Unit (MODU) Guy's & St Thomas Hospital	MODU – Viapath 4th Floor Southwark Wing Guy's Hospital Great Maze Pond London SE1 9RT	Routine	AML (Marrows)	1 month
Biochemistry Laboratory Wythenshawe Hospital	Southmoor Road Manchester M23 9LT	Specials	Everolimus	1 week
SYNNOVIS Formerly Viapath Analytics Haemostasis & Thrombosis Laboratories	5th Floor, North Wing, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH	Coagulation	HMWK and Pre-kallikrein	2 months

The Laboratory' complaint procedure

The laboratory operates a Quality Management System to ensure that the needs and requirements of our users are met. In order to improve the service you receive from the laboratory, it is helpful to us if you keep us informed of any laboratory-related problems which have been detrimental to good clinical practice.

As the user of the service, you may be able to offer suggestions about our procedures, requirements for new services or changes in practice which may be helpful to you. Please direct comments to the appropriate Consultant, Pathology Manager, Laboratory Leads or Quality Manager. Regular User Group meetings are held to ensure that the requirements of users of our service are met by obtaining feedback and recommendations on quality improvements.

We aim to provide the very best service, but unfortunately we may not always get it right and sometimes things go wrong. It is important that we are informed about problems with our service as soon as possible. Please contact the Head of Department, preferably by direct visit or telephone as soon as an issue is identified. In the absence of the Head of Department, refer the matter to the Pathology Manager or other appropriate member of staff and write to either the Head of Department or the Quality Manager. Alternatively, you can write to the Clinical Director for Pathology, Medical Director, or to the Chief Executive of the Trust.

Wherever possible the matter will be dealt with the same day but not all issues can be resolved immediately, and some may be more serious or require a longer period of investigation and assessment within the department. Details of all complaints are recorded and reviewed by our Laboratory Medicine Governance Committee. If a written complaint is received, a written reply will be given.

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