



SIQAG

South Island Quality Assurance Group for Biochemistry
www.labnet.co.nz/siqag/biochemistry.html

Meeting Minutes

Subject: South Island Quality Assurance Group Meeting

Location: Pathology Seminar Room

Meeting Date 14/07/2011

Attending:

Guy Mulligan (GM) Chair	Chemical Pathologist	MLS
Peter George (PG)	Chemical Pathologist	CHL
Chris Florkowski (CF)	Chemical Pathologist	CHL
Richard MacKay (RM)	Chemical Pathologist	CHL
Richard King (RK)	Chemical Pathology Registrar	CHL
Lesney Stuart (LS)	Biochemistry Section Head	CHL
Sandi Southby (SS)	Biochemistry	CHL
Kathleen Ahern (KA)	Biochemistry	CHL
Judith Early (JE)	Laboratory Manager, Ashburton	CHL
Alison Doorey (AD)	LIS Coordinator	CHL
Heather Murray (HM)	Biochemistry Section Head	SCL
Trevor Rollinson (TR)	Biochemistry Section Head	SCL
Gordon Sutton (GSu)	Biochemistry Section Head	MLS
Anne Kempthorne (AK)	Biochemistry Section Head	TDHB
Jim Greenwood (JG)	Biochemistry	HBDHB
John Sheard (JS)	Biochemistry Section Head	WCDHB

Minute No	Minutes	Action
1)	<p><u>Introduction</u></p> <p>GM welcomed everyone to the second annual SIQAG Biochemistry meeting. Apologies had been received from Geoff Smith (SCL) and James Hurst (MLS Nelson) and Peter Moore (MLS Wairau).</p>	
2)	<p><u>Minutes from the last meeting</u></p> <p>The minutes from the last meeting were accepted with no corrections required.</p>	

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| 3) | <p><u>South Island Quality Assurance Group for Biochemistry TOR</u></p> <p>SIQAG Terms of Reference ratified with the addition of a requirement for 6 months notice of annual meeting dates to be given to all SIQAG members. Ad hoc meetings to be scheduled to suit the majority of members.</p> | AD |
| 4) | <p><u>Appointment of next SIQAG Chair</u></p> <p>Given the impact of the earthquakes and lack of activity in the past year, GM has agreed to stay on as chair for another year.</p> <p>AD noted that the position of Secretary has so far been taken by the incumbent CHL LIS Coordinator. Members indicated that they are happy for this arrangement to continue.</p> | |
| 5) | <p><u>Test Safe South update</u></p> <p>CDHB Test Safe South Administrators have twice attempted to turn on result cumulation of results from the three laboratory providers only to encounter issues and turn it off again. The most recent issues are caused by conflict between unauthorised results which are sent into Test Safe South by CHL and results from MLS/SCL which report to Test Safe South only when they are authorised. No plan or timeframe has been given for a resolution.</p> | |
| 6) | <p><u>Ratification of updated Reference Intervals Document</u></p> <p>AD noted that updates required after the last SIQAG for Biochemistry meeting on 22/07/10 had been made prior to earthquake in February, but a change in priorities meant they had not been circulated to the group for ratification. These changes included:</p> <ul style="list-style-type: none"> - Definition of reference intervals to avoid gaps were added and applied - Microalbumin/Creatinine Urine, PSA, Folate, HCG, CK, Phenytoin, Carbamazapine, Valproate, Theophyline, Phenobarbitone, LDH, Lipase and Amylase (pancreatic) added - Units for CK, LDH, Lipase and Amylase (pancreatic) corrected from IU/L to U/L <p>Document still needs to be updated with Analysers/Methods for new tests.</p> <p>Agreed that the document should be circulated for ratification including any updates agreed at this meeting.</p> | AD |
| 7) | <p><u>Confirmation of reference ranges</u></p> <p>a) Vitamin B12</p> <p>RM had contacted ARQAG and found that their reference range is a consensus view, although South Auckland (Abbott) uses the reference range of 130 – 800 (with results of 70 – 130 considered borderline) and North Shore (Centaur) uses 170 – 600.</p> <p>CHL (Abbott) reference range of 130 – 650 derived from results of a patient group which were used to corroborate manufacturer's guidelines.</p> | |

	<p>SCL (Roche) use a reference range of 170 – 600. This is the same as the Centaur range as it was not changed when test moved to new analyser.</p> <p>Group requested that the comparison data from 2010 be re-circulated.</p> <p>b) Theophylline</p> <p>RM confirmed that he had spoken to Nicola Austin (Paediatrician) and that no neonatal range is required as Theophylline is no longer used on infants (Caffeine is used instead).</p> <p>c) LDH</p> <p>Data on paediatric reference ranges extracted from literature illustrates that there is a small difference. Is this reflected in local values? RM has a job logged with CHL LIS to extract data on LDH for <15 yr olds. Priority should be given to this data extract and this item should be referred to the agenda for the next meeting.</p> <p>8) <u>Reference Interval Notation (0 – n versus <(n+1))</u></p> <p>Discussion around the best notation to use included:</p> <ul style="list-style-type: none"> - 0 is not normal as there is always some analyte - < doesn't exclude a negative value and is hence incorrect - < sign may be "lost" - 0 – n defines the range more clearly - GPs place a high value on standardisation when viewing laboratory results - Standard should not be dictated by what computers can do <p>Agreed that the best notation may vary depending on the analyte (eg CRP <5, but ALT 0-40). AD/LS to work through the Reference Interval Document and put forward a proposal for each analyte.</p> <p>9) <u>Variable Rounding</u></p> <p>Test known to be reported with different number of decimal places dependent on value of result include: TSH, PSA, and HCG. CHLabs may also report Toxicology tests with variable rounding – LS to confirm. AD to confirm with each lab what the rounding rules are for each of these tests.</p> <p>10) <u>Serum Globulins</u></p> <p>MLS report serum globulins on electrophoresis panel only – not liver function panel – with reference range of 22-36.</p> <p>SCL reports with age related reference ranges – adult range 18 -36. Used as a trigger for adding electrophoresis (40 is the trigger level) and add comment for GP.</p> <p>RM noted that a reference range is difficult to use especially for paediatricians.</p> <p>Discussion around the value of reporting the serum globulin result versus using it to trigger reflex testing and comments.</p> <p>GS and GM to review reporting of serum globulins.</p>	<p>AD</p> <p>AD</p> <p>AD/LS</p> <p>LS/ AD</p> <p>GM/GS</p>
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| 11) | <p><u>Urine Protein Reference Intervals</u></p> <p>Results of the Australasian Consensus Meeting 2011 pending publication in the MJA. CF to circulate when available.</p> | CF |
| 12) | <p><u>Paediatric Levels for Iron and Transferrin Saturation</u></p> <p>RM reported that a literature review has been completed. Awaiting data from the LIS to look at local results. Priority should be given to this data extract. Information from studies in Germany, Britain, Canada and Scandinavia will be available in 2012. To be referred to the agenda for the next SIQAG meeting.</p> | AD |
| 13) | <p><u>Paediatric Reference Ranges for Urine analyte/creatinine ratio</u></p> <p>RM presented ranges and preferred source of data selected following a literature study. Ranges not justified for Urine Na/creatinine and Urine K/creatinine ranges as these are diet dependent.</p> <p>Richard to discuss proposed ranges with William Wong (Paediatric Nephrologist, Auckland) before SIQAG agrees to adopt.</p> | RM |
| 14) | <p><u>Future Activity for SIQAG</u></p> <p>Noted that due to earthquake disruption and uncertainty caused by the current review of community laboratory services that no large pieces of work would be undertaken by SIQAG in the immediate future. Issues arising will be referred to the group via email.</p> | AD |
| 15) | <p><u>Other Business</u></p> <p>None.</p> | |

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