

June 29, 2011

TO ALL OUR VALUED CLIENTS/PRACTITIONERS

Dear Sir/Madam:

Cadham Provincial Laboratory (CPL) is constantly working to offer and maintain the highest level of products and services available to our clients. We are pleased to provide the following which represents updates to the programs and services we offer.

1. New Online Guide to Services

The 2011 Version of the CPL Guide to Services will soon be available at:

<http://www.gov.mb.ca/health/publichealth/cpl/index.html>

Print versions will be available in mid-late 2011 and distributed shortly thereafter.

2. Lyme testing

Starting May 2011, CPL converted Lyme disease testing procedures to a newer generation assay based on the C6 antigen. This is a more sensitive test and will possibly result in more specimens being directed to confirmatory testing, using the Western Blot approach. Call Dr. Kamran Kadkhoda at 945-7545 for any further information.

3. Herpes Simplex Virus PCR

As of April 2011, CPL has switched HSV detection to a largely molecular-based method using PCR, which will differentiate type 1 and type 2 HSV. Almost all specimens are now tested with PCR and results in a higher sensitivity and specificity, and provides type specific results (i.e. HSV-1 and/or HSV-2). If the specimen might be required for other purposes (e.g, forensics), please indicate this on the CPL requisition.

4. Newborn Screening for Cystic Fibrosis

Starting July 1, 2011, CPL will add cystic fibrosis to the panel of conditions screened for in the newborn screening. Infants with elevated Immunoreactive Trypsinogen (IRT) will require a second bloodspot at 21 days of age. Babies with persistently or critically elevated IRT will be further tested for CF mutations. Those with any CF mutations will be referred to the Children's Hospital CF Clinic for sweat testing, which is the confirmatory test. Initially there will be more second requests than usual, but this will decrease over time. This start-up is possible with support from the Children's Hospital Foundation of Manitoba.

5. Newborn Screening Cards, "Flip the Flap Back"

The new Newborn (PKU) Screening Cards have been available since spring 2010. Please note that the flap covering the spots must be flipped back to both collect and air dry the spots before sending them to CPL. Wet spots sent before dried cause false negative results and blood spots dried on a heat source or in the sunlight are also inaccurate. Please see the CPL Website for a PowerPoint and detailed instructions in the Guide to Services regarding collection of bloodspots with the new card. Four completely filled circles (completely soaked through to back) is the minimum required specimen.

6. Primary Syphilis Testing by PCR

DFA testing for primary syphilis is discontinued at CPL due to a shortage of test reagents from CDC. All swab specimens for syphilis are referred to the National Microbiology Lab for PCR testing with a turnaround time of approximately 15 working days. Please consult with the most recent CPL online Guide to Services for instructions regarding specimen collection and shipping.

7. Phlebotomy

Please be advised that CPL does not have a phlebotomy service and patients should not be directed to the CPL facility to have blood collected.

8. Viral Respiratory Specimen Collection

CPL still receives a significant number of samples for respiratory viral testing that are not suitable for testing. These include cotton swabs, swabs placed in bacterial transport medium, leaking specimens, unlabelled specimens, etc. Please be reminded that flocced swabs placed in Viral Transport Medium (VTM) are the appropriate collection items, and that the VTM bottle and requisition must be adequately filled out, or the specimen may be rejected on arrival at CPL.

9. Testing for Level 3 and 4 Pathogens

Testing for Level 4 pathogens (e.g. hemorrhagic fevers) is available through CPL. Specimens for Level 4 pathogen testing require very particular shipping arrangements, and it is necessary for safety of the lab personnel and good practice to notify the lab if you are concerned about a possible level 3 pathogen (e.g. plague or anthrax). Please contact the physician-on-call at 945-6123 during the work day or 945-6655 after hours if you are considering testing for a level 3 or 4 pathogen. A list of level 3 and 4 pathogens is available on the CPL website.

10. 9 ml Serum Separator Tubes

Following some extensive research, and follow-up on client feedback, CPL will be switching from the 10 ml SST to a 9 ml SST as the serum specimen device of choice. It is now carried by Materials Distribution Agency (MDA). The 9 ml Vacuette from Grenier Bio-One Serum Separator Tube (Red Cap, Yellow Ring) is available as catalogue SAP # 455010 at MDA. Please adjust your supplies accordingly.

11. Completing the CPL Requisition

CPL staff have encountered some difficulty interpreting orders received on the CPL requisition. Please ensure that the CPL requisition is filled out by the ordering practitioner or a delegate who knows the practitioners intent. As an example, disease-specific IgM levels should be ordered if acute disease is suspected, whereas the IgG level indicates existing immunity or prior exposure. Clearly indicated orders and accompanying clinical information will assure a superior service from CPL.

If you would like more information (including how to contact us), require one of our forms, or would like to look at the 2011 Guide to Services, please visit our website at:

<http://www.gov.mb.ca/health/publichealth/cpl/index.html>.

Sincerely,

“Original signed by”

Paul Van Caesele, MD FRCPC
Medical Director,
Cadhams Provincial Laboratory