MEMO REGARDING CHANGES IN COAGULATION TESTING FROM WEDNESDAY DECEMBER 8th 2021.

****FOR ADULT PATIENTS****

9th December 2021

For cascade to all GPs and colleagues in Primary Care

Dear Primary Care colleagues,

The contract for the analysers and reagents used in the haematology laboratories in NHS Lothian changed this year so we switched over to a new system on Wednesday 8 December at 10 am.

There are a number of important changes for users in relation to tests of the coagulation system:

1. There are new normal ranges for the prothrombin time (PT) and activated thromboplastin time (APTT). This should not affect users: the new ranges have replaced the old ranges on lab reports, but please take care when comparing previous results obtained with older reagents to new ones.

2. The cut-off for a normal D-dimer level for exclusion of venous thromboembolism changes to less than 250 ng/ml: please note though that Lothian advice is that D-dimers are not used in primary care.

3. **The new reagent for measuring warfarin effect (INR) has been shown to give spuriously high INR readings in occasional patients with antiphospholipid syndrome when the INR runs high**.

    - If commencing warfarin or a vitamin K antagonist (VKA) in the community it is very important to check the baseline PT/INR. If the baseline PT/INR is prolonged, then warfarin cannot be started, and further advice should be sought from the Haematology Department.

    - We would like to request that the Haematology Department (RIE) is informed of any known patients with antiphospholipid antibodies (including lupus anticoagulant) and who is on warfarin or a VKA, as we are going to mark their laboratory records for an alternative assay. Please email information to RIE.Haemostasis@nhslothian.scot.nhs.uk

    - We also request clear clinical information for sample requests if patients are already known to have lupus anticoagulant / antiphospholipid syndrome, and who are also on warfarin/VKAs, so that the laboratory team can use an alternative reagent to assess the INR.

    - When performing a quality assurance check and comparing a point-of-care INR with a laboratory generated INR, or, if encountering a high INR using point-of-care systems in your surgery that needs laboratory confirmation, please inform us of the point-of-care INR in the clinical details section with the laboratory request so that we can identify any spuriously high INR results.

- Finally, if a patient has had stable venous INRs, and the first venous INR on the new system is unexpectedly significantly elevated, please contact the on call haematology team at RIE for advice via hospital switchboard.

Best wishes,

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