1.0 GENERAL

Located at Klinik Pakar 1, as part of Microbiology services, Serology section assist in diagnosis of infectious disease mainly HIV and Hepatitis infection.

2.0 SPECIMEN COLLECTION

Blood collected in plain container should be allowed to clot by standing undisturbed at room temperature. Haemolysed, icteric or lipaemic specimen can invalidated certain tests, if received, the sample will be rejected.

Sufficient specimen must be obtained to ensure required test can be perform as soon as possible.

Each specimen should be accompanied by fully completed PER – PAT 301 request form except otherwise stated.

2.1 For normal serologic and immunologic test

i. Aseptically collect 3 – 5 ml of venous blood into a plain tube (bullet tube for infants).

ii. Send the specimen to the serology laboratory immediately.

Note: For district hospital, to avoid haemolysis, it is advisable to separate the serum in a clean test tube. The specimen must be sent to the serology laboratory as soon as possible. If there is any delay, the serum must be kept at 4ºC.

2.2 Urine for Pregnancy Test

i. Collect 10 ml of the first morning urine into a clean bottle after overnight restriction of fluid intake.

ii. Despatch the specimen without delay to the laboratory.

2.3 Collection of Semen for Seminal Fluid Analysis

i. Collection should follow a period of sexual abstinence of 4 – 7 days.

ii. The specimen is collected by masturbation or by coitus interrupts into a sterile container.
Note:

a. Avoid using soap or any chemical
b. Condom, even when thoroughly washed and rinsed, contain spermicidal agents, and must not be used.
c. Exposure of spermatozoa to cold and heat should be avoided. Note the date and exact time when the specimen was obtained.
d. The material should be examined within 1 – 3 hours.

2.4 Anti-HIV, HbsAg and Anti-HCV Test

i. Collect 3 - 5 ml of blood into a clean plain test tube without anticoagulant and allow clotting (bullet tube for infants).

ii. Send the specimen to laboratory immediately.

Note: All requests must be accompanied with fully filled up PER-PAT 301 request form with patient’s particulars, relevant clinical history, high risk factor involved, doctor’s full name and signature.

For patients clinically suspected to be positive for HIV, send under BIOHAZARD precautions i.e. the specimen should be enclosed in double plastic bags and labelled clearly ‘BIOHAZARD’.

2.5 HIV Viral load

i. Collect 2 ml of blood in each 4 EDTA tubes

ii. Note the time and date of sample collection in accompany 2 copies of Per-Pat 301 form

iii. Write down relevant clinical history.

iv. Send to lab immediately within 4 hours.

* Sample will be rejected if;

   a) Didn’t comply with general rejection criteria
   b) Sample from non-HAART monitoring patients except for baseline
   c) Plasma not separated within 4 hours from collection time
   d) Improper transportation
   e) Less than 4 months repeated sample
3.0 LIST OF TEST PROVIDED

<table>
<thead>
<tr>
<th>NO.</th>
<th>TEST</th>
<th>SPECIMEN VOLUME</th>
<th>CONTAINER</th>
<th>FREQ</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Anti-Streptolysin O titre</td>
<td>3 ml blood</td>
<td>Plain tube</td>
<td>Daily</td>
<td>TAT: 3 working days</td>
</tr>
<tr>
<td>2.</td>
<td>Rheumatoid Arthritis</td>
<td>3 ml blood</td>
<td>Plain tube</td>
<td>Daily</td>
<td>TAT: 3 working days</td>
</tr>
<tr>
<td>3.</td>
<td>Seminal Fluid Analysis</td>
<td>Semen</td>
<td>Sterile container</td>
<td>Monday</td>
<td>By appointment only</td>
</tr>
<tr>
<td>4.</td>
<td>Urine HCG</td>
<td>10 ml urine</td>
<td>Sterile container</td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Detection of Syphilis</td>
<td>4-5 ml blood</td>
<td>Plain tube</td>
<td>Daily</td>
<td>Can be sent as one request (HIV, HEP B, HEP C and VDRL-at least 4ml blood in plain tube) TAT: 3 working days</td>
</tr>
<tr>
<td>6.</td>
<td>Anti – HIV</td>
<td>4-5 ml blood</td>
<td>Plain tube</td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>HBsAg</td>
<td>4-5 ml blood</td>
<td>Plain tube</td>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Anti – HCV</td>
<td>4-5 ml blood</td>
<td>Plain tube</td>
<td>Daily</td>
<td>TAT: 3 working days</td>
</tr>
<tr>
<td>9.</td>
<td>HbsAg Confirmatory</td>
<td>4-5 ml blood</td>
<td>Plain tube</td>
<td>Monthly</td>
<td>Done if HBsAg positive TAT: 1 month</td>
</tr>
<tr>
<td>10.</td>
<td>Treponema pallidum particle agglutination</td>
<td>4-5 ml blood</td>
<td>Plain tube</td>
<td>Weekly</td>
<td>Done if VDRL positive TAT: 7 working days</td>
</tr>
<tr>
<td>11.</td>
<td>Anti HIV PA</td>
<td>4-5 ml blood</td>
<td>Plain tube</td>
<td>Once a week</td>
<td>Done if Anti-HIV reactive TAT: 7 working days</td>
</tr>
</tbody>
</table>

* Other serology test not listed will be sent to respective referral laboratories

4.0 REPORTING OF CRITICAL RESULT

Only Anti-HIV PA result (first sample) will be informed to requested doctor. 2nd sample will be requested for further confirmation test.

5.0 WORK SCHEDULE

Monday – Thursday 8.00 am to 1.00 pm 2.00 pm to 5.00 pm
Friday 8.00 am to 12.00 pm 2.45 am to 5.00 pm.
Close on weekend or public holidays

6.0 COMMUNICATION

i. Problems/requests can be directed to the:

   a. Microbiologist Ext. 157

   b. Senior MLT Ext. 166

ii. Results for HIV, HbsAg, HCV, RF and ASOT can be traced at Ext. 245

iii. Results for other serological tests can be traced at Ext. 166