Service Level Agreement – Referral laboratory

This agreement is between the referral laboratory (“Provider”) and the Customer Laboratory

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | | Contact Name (s) | | Email Address(s) | Telephone Number (s) | |
| **Referral Laboratory:** | | Department of Immunology | | **General Laboratory Enquiries:** | | Julie Plummer (BMS) | | ruh-tr.immunology@nhs.net | 01225 824737 | |
| **Address:** | | Royal United Hospitals Bath NHS Foundation Trust  Blood Sciences  Level 1 Pathology Dept. (B38)  Combe Park, Bath, BA1 3NG | | **SLA Enquires:** | | Mark Nicholas  Blood Sciences & Pathology Operations Manager | | mark.nicholas2@nhs.net | - | |
|  | |  | |  |  | |
|  |  | |  | | Contact Name (s) | | Email Address(s) | | | Telephone Number (s) |
| **Customer Laboratory:** |  | | **General Laboratory Enquiries:** | |  | |  | | |  |
| **Address:** |  | | **SLA Enquires:** | |  | |  | | |  |
| **Invoicing Location and contact details:** | |  | |  | | |  |

1. The turnaround time quoted by the provider should be from receipt of sample to the report being generated or results returned to the customer via NPEx
2. The provider will notify the customer laboratory:
   1. Any changes to the SLA
   2. Unsatisfactory performance associated with the list of tests being referred
   3. Changes to the accreditation status of the laboratory
   4. Changes to methods or reference ranges
3. The provider will notify the customer of issues which could affect the validity of results (e.g. MDA alerts).
4. Copies of this agreement should be signed by both provider and customer and stored within the laboratories QMS system.
5. Any changes to this SLA will be agreed, updated and resigned.
6. The customer laboratory will review the performance and any issues observed on a yearly basis and will only contact the provider laboratory if necessary
7. To ensure compliance with NHS Information Governance requirements reports will only be returned to nhs.net email addresses or via NPEX. Reports will not be faxed.
8. Invoices for work performed at the provider lab should be sent to location specified above and any pricing changes/issues should be addressed to this location.
9. This document is an agreement on the key factors of the service provided and **NOT** a formal contract.

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| **Current Accreditation Status for Tests Listed Below** | Accredited UKAS |

Both tests, as detailed below, will be performed on all requests to facilitate triangulation of results. If the customer laboratory does not require the HEp-2 screen, a previous result MUST be provided reported to ICAP (International Consensus on ANA patterns 2019) ‘expert’ level.

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| **Test Name** | **Specimen Type (Preferred and Other acceptable types)** | **Specimen Volumes required** | **Specimen Container Requirements (e.g. Preservative)** | **Special Requirements for sample collection/transport** | **Average TAT (Days)** | **EQA Scheme Name (Acceptable Y/N)** | **Method** | **Reporting Method**  **(Paper, email, NPEx, fax)** |
| Enhanced Immunoblotting Profiles  (anti-nuclear antibodies, systemic sclerosis associated antibodies, myositis associated antibodies) | Serum  (Clotted whole blood acceptable) | 500uL | Any plain tube | May be shipped ambient overnight (courier or Royal Mail) | 10 working days | IMMQAS  Performance acceptable | Immunoblotting (Euroimmun) | E-mail or NPEX |
| HEp-2 screen  1/100 IgG |  |  |  |  |  |  | Immunofluorescence |  |

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| **Provider Laboratory** |  |  |  |  |  |  |  |
| Name: | Julie Plummer | Designation: | Biomedical Scientist | Date: | 26 April 2023 | Signature: |  |
| **Customer Laboratory** |  |  |  |  |  |  |  |
| Name: |  | Designation: |  | Date: |  | Signature: |  |