Royal United Hospitals Bath
NHS Foundation Trust

Biochemistry updates for service users

To keep users informed and up-to-date on laboratory testing requirements and biochemistry-specific service developments we will aim to provide you with a quarterly update, with this being the first edition. If there are specific topics you would like to hear more about please get in touch. Updates on the wider RUH Pathology Department will continue to be circulated in the Pathology GP Newsletter by our Clinical Director, Dr Moya O'Doherty.

Dr Nicola Pullan, Consultant Clinical Scientist, Clinical Lead for RUH Biochemistry. June 2026.

Faecal Calprotectin and Elastase samples

From 1st July 2026 the laboratory will not routinely process stool samples sent in blue-topped pots for faecal calprotectin and elastase testing. Patients MUST provide their sample in a CALEX® tube. The exception to this is where there is persistent watery/liquid stool.

Only a SINGLE CALEX® tube is required for patients requiring both faecal tests (rarely indicated).

Please place a separate request for faecal tests on ICE. (DO NOT COMBINE with blood test requests).





Urine Albumin:Creatinine samples

We are seeing an increasing number of urine samples for ACR being sent in white-topped universal tubes – samples for ACR MUST be provided in yellow-topped vacuette tubes.

ANALYSIS WILL BE REJECTED WHERE INCORRECT SAMPLE TYPES ARE RECEIVED

Myeloma screening and MGUS monitoring

Where myeloma is being investigated please request "myeloma screen" profile on ICE to ensure all relevant tests are performed but do not repeat-request unnecessarily.

MGUS monitoring guidelines will be updated shortly to recommend repeat test intervals based on risk stratification, allowing monitoring frequency to be reduced in low risk patients.

Intrinsic factor antibody (IFA) testing

A recent audit has determined that 45% of IFA requests are inappropriate based on vitamin B12 results. IFA should only be performed prior to B12 replacement, **where indicated** (i.e. B12 <145 ng/L or persistent B12 145-180 ng/L without GI history) – note high levels of B12 cause FALSE POSITIVE IFA results.

Please see our website for information regarding sample requirements for all laboratory tests (Test Information) and for biochemistry clinical guidelines (Biochemistry Guidelines).

For clinical advice, please contact the Duty Biochemist on 01225 824050 or email ruh-tr.dutybiochemist@nhs.net **(Monday – Friday, 9am – 5pm)**

RUH Clinical Biochemistry Department, June 2026