



Audit of Laboratory Analyses for Xanthochromia

Health Board:

Laboratory name:

Location:

Details of individual responding:

Name:

Position:

Contact details:

Re-audit of xanthochromia analysis (original audit 2017)

- 1. Does your department provide a service for analysis of CSF xanthochromia?**

If YES, please provide details of the testing availability within your department, e.g. between 9am-5pm.

if NO, please provide details of where you send samples, method of transport and available time periods.

- 2. Is this service centralised within your health board?**

- 3. Is this service UKAS accredited?**

- 4. What instrument does your laboratory use for xanthochromia analysis?**

- 5. ~~Are the following guidelines stated in your laboratory protocols and routinely followed:~~**

- a) samples are protected from light?
- b) simultaneous serum tested for total protein and bilirubin?
- c) avoidance of pneumatic tube system?

6. Are any comments noted in results relating to sample quality? e.g. not protected from light, sample bloodstained, not 12 hours post etc.

7. Are IQC samples run with xanthochromia analysis?

8. Which IQC material is used?

9. How often are IQC samples run?

10. How often is your instrument calibrated?

11. What calibration material is used?

12. Please describe the calibration process.

New questions regarding the ongoing utility of xanthochromia analysis.

It is understood that some of these questions may be more difficult to answer and involve some analysis of LIMS/clinical information however any information that you are able to provide would be much appreciated.

13. How many xanthochromia requests were processed by the lab in the last 3 months (e.g. July – September 2023)?*

***Note that this is based on a workload of 20-30 samples a month – if this is too much data for your lab then reduce the timescale as appropriate.**

14. If known, how many patients had a negative CT scan prior to CSF collection (> 6 hours after event)?

15. If known, did any patients have a negative CT scan within 6 hours of symptom onset?

16. How many requests were inappropriate i.e. subarachnoid haemorrhage (SAH) not part of differential diagnosis?

17. How many results were:

a) Negative

b) Equivocal/inconclusive

c) Positive

18. If known, how many patients with a POSITIVE xanthochromia were subsequently given a diagnosis of subarachnoid haemorrhage (SAH)?

19. If known, how many patients with a POSITIVE xanthochromia were NOT subsequently given a diagnosis of subarachnoid haemorrhage(SAH) i.e. false positives and what was the diagnosis?

Please email your response to lindsay.graham4@nhs.scot by 1st June 2024