

THAMES AUDIT GROUP: Audit of Fluids

Jan 2022

Part 1: About Your Laboratory

Name of your laboratory: [Click here to enter text.](#)

- a. Teaching hospital ☐
- b. DGH ☐
- c. Specialist ☐
- d. Other ☐

Network status:

- a. Part of a network ☐
- b. Not part of a network ☐

If (a), please confirm whether your answers are on behalf of:

- a. Your site only ☐
- b. All sites within network/organisation ☐

If (b), please specify number and type of sites: [Click here to enter text.](#)

Part 2: Feedback from Audit of Macroprolactin 2020

Did your laboratory participate in the audit on Macroprolactin service provision?

Yes ☐ No ☐

Did you implement any changes in practice following this audit?

Yes ☐ No ☐

If yes, please specify: [Click here to enter text.](#)

Part 3: General questions on fluids

[Section A: Requesting]

1. Do you have Trust guidelines available for requesting biochemistry tests on fluids?

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify which type of fluids, i.e. CSF, pleural fluid, ascitic fluids or any other types of fluids, does your trust have guidelines on: Click here to enter text.</p> <p>Please attach the protocol or guideline if happy to share. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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2. Test codes

2a. Do you have separate test codes for CSF tests in LIMS?

<p>Yes <input type="checkbox"/></p> <p>If yes, please list of the CSF tests available to request in your trust and specify which tests could be requested under the separate codes and which test codes are shared Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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2b. Do you have separate test codes for pleural fluid, ascitic fluids or other types of fluids tests in LIMS?

<p>Yes <input type="checkbox"/></p> <p>If yes, please list of the tests available to for each type of fluids and specify which tests could be requested under the separate codes and which test codes are shared: Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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3. Workload

Do you know separate workloads for different type of fluids? *Please give an estimation even if shared tests codes are used among different type of fluids*

Yes <input type="checkbox"/> If yes, please fill in Q3a,b,c&d and skip Q3e	No <input type="checkbox"/> If no, please go straight to Q3e.
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3a. Workload and number of rejections per year for **CSF samples**. *(Please skip the question if unclear)*

[CSF] Test name Tick the box if the test is available in your trust	Tick yes if the test code are shared?	Estimated workload per year	Estimated no. of rejections per year	How many samples are rejected per year for the most common reasons if known?
<input type="checkbox"/> CSF Protein	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> CSF Glucose	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> CSF Lactate	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Xanthochromia	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> CSF oligoclonal bands	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.

Note: if there are any other biochemical tests of CSF fluid not listed above, please fill in the appropriate section.

HIL: haemolysis, icteric and lipaemic index

3b. Workload and number of rejections per year for pleural fluid *(Please skip the question if unclear)*

[Pleural Fluid] Test name Tick the box if the test is available in your trust	Tick yes if the test code are shared?	Estimated workload per year	Estimated no. of rejections per year	How many samples are rejected per year for the most common reasons if known?
<input type="checkbox"/> Protein	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> LDH	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Glucose	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Triglyceride	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Cholesterol	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Amylase	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Creatinine	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Bilirubin	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> pH	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Adenosine deaminase	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.

Note: if there are any other biochemical tests of pleural fluid not listed above, please fill in the appropriate section.

HIL: haemolysis, icteric and lipaemic index

3c. Workload and number of rejections per year for ascitic fluids *(Please skip the question if unclear)*

[Ascitic Fluid] Test name Tick the box if the test is available in your trust	Tick yes if the test code are shared?	Estimated workload per year	Estimated no. of rejections per year	How many samples are rejected per year for the most common reasons if known?
<input type="checkbox"/> Serum ascites albumin gradient (SAAG)	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Ascitic Fluid Protein	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Ascitic Fluid Glucose	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Ascitic Fluid Triglyceride	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Ascitic Fluid Amylase	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Ascitic Fluid Creatinine	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Ascitic Fluid Bilirubin	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Ascitic Fluid Urea	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.

Note: if there are any other biochemical tests of ascitic fluid not listed above, please fill in the appropriate section.

HIL: haemolysis, icteric and lipaemic index

3d. Workload and number of rejections per year for other type of fluids (*please give **an estimation even if shared tests are shared among different type of fluids***)

Type of fluids Tick the box if the test is available in your trust	Tick yes if the test code are shared?	A list of tests available	Estimated workload per year	Estimated no. of rejections per year	How many samples are rejected per year for the most common reasons if known?
<input type="checkbox"/> Pericardial Fluid	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Knee Aspiration	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Drain Fluid	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter text.	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter text.	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter text.	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.

Note: if there are any other types of fluid not listed above, please fill in the appropriate section.

HIL: haemolysis, icteric and lipaemic index

3e. *[Shared test codes for fluids]- (Please skip this question if individual workloads are known)* Workload and number of rejections per year for fluids

Fluid Tick the box if the test is available in your trust	Type of fluids under this test code	Estimated workload per year	Estimated no. of rejections per year	How many samples are rejected per year for the most common reasons if known?
<input type="checkbox"/> Serum ascites albumin gradient (SAAG)	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Albumin	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Protein	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> LDH	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Glucose	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Lactate	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Triglyceride	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Cholesterol	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Amylase	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Creatinine	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Bilirubin	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Urea	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> pH	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
<input type="checkbox"/> Adenosine deaminase	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.
Click here to enter test name	Click here to enter text.	Click here to enter text.	Click here to enter text.	HIL estimated no. Labelling estimated no. Others Please state what reason and estimated no.

[Section B: Operation and Analysis]

4. Are fluid samples spun prior to analysis?

CSF fluid analysis	Pleural fluid, ascitic fluids or any other types of fluids
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please specify if there are any exceptions. Click here to enter text.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please specify if there are any exceptions. Click here to enter text.</p>

5. Haemolysis, Icteric and Lipaemic (HIL) index

5a. Do you use HIL indices for CSF protein, glucose or lactate?

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify which test, provide your cut-offs and how did you decide on the cut-offs used? Please specify if there are any exceptions. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>If no, do you visually inspect the fluid? Would you still run a visually grossly haemolysed/lipaemic samples? Please specify if there are any exceptions. Click here to enter text.</p>
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5b. Do you use HIL indices for CSF Xanthochromia ?

<p>Yes <input type="checkbox"/></p> <p>If yes, please provide your cut-offs and how did you decide on the cut-offs used? Please specify if there are any exceptions. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>If no, do you visually inspect the fluid? Would you still run a visually grossly haemolysed/lipaemic samples? Please specify if there are any exceptions. Click here to enter text.</p>
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5c. Do you use HIL indices for any other type of CSF analysis?

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify the name of the tests, provide your cut-offs and how did you decide on the cut-offs used? Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>If no, do you visually inspect the fluid? Would you still run a visually grossly haemolysed/lipaemic samples? Please specify if there are any exceptions. Click here to enter text.</p>
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5d. Do you use HIL indices for pleural fluid, ascitic fluids or any other types of fluids?

<p>Yes <input type="checkbox"/></p> <p>If yes, please provide your cut-off and how did you decide on the cut-off used? Please specify if there are any exceptions. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>If no, do you visually inspect the fluid? Would you still run a visually grossly haemolysed/lipaemic samples? Please specify if there are any exceptions. Click here to enter text.</p>
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6. How frequent is the fluid analysis run?

<p><input type="checkbox"/> CSF fluid analysis</p> <ul style="list-style-type: none"> <input type="checkbox"/> As required through the day <input type="checkbox"/> Daily in batch <input type="checkbox"/> Others, please state details Click here to enter text. <p>Please specify if there are any exceptions. Click here to enter text.</p>	<p><input type="checkbox"/> Pleural fluid, ascitic fluids or any other types of fluids</p> <ul style="list-style-type: none"> <input type="checkbox"/> As required through the day <input type="checkbox"/> Daily in batch <input type="checkbox"/> Others, please state details Click here to enter text. <p>Please specify if there are any exceptions. Click here to enter text.</p>
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7. Target turnaround time (TAT) for fluid testing

<p><input type="checkbox"/> CSF fluid analysis Click here to enter text.</p> <p>Please specify if there are any exceptions. Click here to enter text.</p>	<p><input type="checkbox"/> Pleural fluid, ascitic fluids or any other types of fluids Click here to enter text.</p> <p>Please specify if there are any exceptions. Click here to enter text.</p>
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8. Any calculation done for any type of fluid analysis

<input type="checkbox"/> CSF fluid analysis Please specify which fluid tests for which type of fluids and what formula in use Click here to enter text.	<input type="checkbox"/> Pleural fluid, ascitic fluids or any other types of fluids Please specify which fluid tests for which type of fluids and what formula in use Click here to enter text.
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9. Analytical platforms

9a. For each analyte, are you using the same platform and same assay for each type of fluids?

e.g. same fluid protein assay for CSF, Pleural fluid, ascitic fluids or any other types of fluids

Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, please specify the exceptions .i.e. which test for which type of fluids are run on a different platform; details of the platform Click here to enter text.
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9b. For each fluid test, is the assay provided by the same manufacture of the platform?

e.g. Abbott assay run on Abbott analysers

Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, please specify the exceptions .i.e. which test for which type of fluids details of the assay Click here to enter text.
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10. Internal quality control - What IQCs are in use for fluid analysis, excluding CSF analysis?

Fluid Tick the box if the test is available in your trust	Is it the same assay used for all type of fluids? If no, please specify the exceptional fluid test and state which assay is in use	Tick yes if the IQC are in use If yes, please provide details of what IQC material, how many levels and which levels. Please specify if there is one type of fluid which use a different IQC for that particular test.
<input type="checkbox"/> Serum ascites albumin gradient (SAAG)	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Albumin	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Protein	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> LDH	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Glucose	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Lactate	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Triglyceride	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Cholesterol	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Amylase	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Creatinine	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Bilirubin	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Urea	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> pH	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Adenosine deaminase	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

11. External quality assurance –Have you registered with an EQA scheme for fluid analysis or do you have other arrangements in place for external quality control?

<input type="checkbox"/> CSF fluid analysis <ul style="list-style-type: none"> <input type="checkbox"/> Yes Please give details which EQA scheme to cover which CSF analysis Click here to enter text. <input type="checkbox"/> No Please which CSF test is not covered by EQA scheme and how do you justify the quality control of this test? Click here to enter text. 	<input type="checkbox"/> Pleural fluid, ascitic fluids or any other types of fluids <ul style="list-style-type: none"> <input type="checkbox"/> Yes Please give details which EQA scheme is place to cover which fluid analysis Click here to enter text. <input type="checkbox"/> No Please which fluid test your offer is not covered by EQA scheme and how do you justify the quality control of this test? Click here to enter text.
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12. Are any CSF, pleural, ascitic and other fluid analysis in scope for UKAS?

Yes <input type="checkbox"/>	Please specify which fluid tests for which type of fluids are in scope for UKAS. Click here to enter text. Please specify which EQA scheme or other arrangements in place for external quality control Click here to enter text.
In the process <input type="checkbox"/>	Please specify which fluid tests for which type of fluids are in the process of obtaining UKAS accreditation Click here to enter text. Please specify which EQA scheme or other arrangements arranged for external quality control Click here to enter text.
Planning <input type="checkbox"/>	Please specify which fluid tests for which type of fluids are you planning to apply for UKAS. Click here to enter text. Please specify which EQA scheme or other arrangements are planned for external quality control Click here to enter text.
Others <input type="checkbox"/>	Any further comments if any Click here to enter text.

[Section C: Interpretation and Reporting]

13. Reporting - For CSF, pleural, ascitic and other fluid analysis, is the appearance of the fluid pre-& post- spun included in the final report?

<p>Yes <input type="checkbox"/></p> <p>If yes, please answer the following questions:</p> <ul style="list-style-type: none"> 13a. Please specify if there are any exceptions for any type of fluids or any type of fluid tests that appearance is not reported Click here to enter text. 13b. Do you have an appearance form to be filled when the sample was booked in? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>Please attached a copy of the appearance form if you are happy to share Click here to enter text.</p> <ul style="list-style-type: none"> 13c. Please give details of what are included in the description of the fluid appearance (e.g. colour, blood stained, clear/turbidity). Please provide an example of your reported appearance of a fluid sample Click here to enter text. 	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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14. Are results for CSF, pleural, ascitic and other fluid tests auto-validated?

<p>Yes <input type="checkbox"/></p> <p>If yes, are results attached with an auto-comment Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Please specify which fluid results are not auto-validated Click here to enter text.</p> <p>Who validate the results? BMS <input type="checkbox"/>; Clin Scient <input type="checkbox"/>; Others <input type="checkbox"/> please specify Click here to enter text.</p>
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15. For any CSF, pleural, ascitic and other fluid tests, have samples ever been sent to a referral lab for confirmation in suspicions of interference?

<p>Yes <input type="checkbox"/></p> <p>If yes, please give a brief description of the case, why interference was suspected, results confirmed by which method and were there any false results being detected and any potential causes identified? Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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16. Test verification

16a. Did your laboratory carry out any verification studies on any of the CSF fluid tests (inc sample stability, precision and accuracy etc)?

<p>Yes <input type="checkbox"/></p> <p>If yes, please give a brief description of the verification study and conclusion. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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16b. Did your laboratory carry out any verification studies on any pleural, ascitic and other fluid analysis (inc sample stability, precision and accuracy etc)?

<p>Yes <input type="checkbox"/></p> <p>If yes, please give a brief description of the verification study and conclusion. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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17. Shared learning - if you have an interesting case on CSF, pleural, ascitic and other fluid tests, can you give a brief description of the case and would you be willing to present at the next TAG meeting?

[Click here to enter text.](#)

Part 4: Cerebrospinal fluid (CSF) *(Please skip the section if not relevant)*

[Section A: Requesting]

18. Sample requirement and vetting

[CSF] Test name Tick the box if the test is available in your trust	Sample requirement (e.g. sample container, need for light protection or paired samples & analysis)	Tick yes if the tests are vetted? If yes, please provide test indications and vetting criteria
<input type="checkbox"/> CSF Protein	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF Glucose	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF Lactate	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Xanthochromia	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF oligoclonal bands	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter text.	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter text.	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

Note: if there are any other biochemical tests of CSF fluid not listed above, please fill in the appropriate section.

Scenario 1: If the sample for xanthochromia test is not protected from light, would your laboratory still run the sample?

Yes <input type="checkbox"/> If yes, how would you report the result in such scenario? Click here to enter text.	No <input type="checkbox"/> Any comments? Click here to enter text.
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Scenario 2: If there is no paired serum sample for the test for CSF oligoclonal bands, how would your laboratory proceed?

[Click here to enter text.](#)

19. Do you have trust guidelines for the collection of CSF for xanthochromia?

Yes <input type="checkbox"/> If yes, please give details of how the sample for xanthochromia is collected in your Trust, how the sample is transported and stored prior to analysis to ensure that it is protected from light. Click here to enter text. Please attach the protocol or guideline if happy to share. Click here to enter text.	No <input type="checkbox"/> Any comments? Click here to enter text.
--	---

[Section B: Operation and Analysis]

20. Which platform/analytical method is in use?

[CSF] Test name Tick the box if the test is available in your trust	Please tick the box if the test is referred to another laboratory	Platform if known	Analytical range if relevant & reporting unit. Any dilution protocol to extend the analytical range?
<input type="checkbox"/> CSF Protein	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> CSF Glucose	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> CSF Lactate	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Xanthochromia	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> CSF oligoclonal bands	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
Click here to enter text.	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
Click here to enter text.	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.

Note: if there are any other biochemical tests of CSF fluid not listed above, please fill in the appropriate section.

21. Quality control

[CSF] Test name Tick the box if the test is available in your trust	Tick yes if QC are in use If yes, please provide details of what IQC material, how many levels and which levels If the IQCs are self-made, please state how to make them, how are they stored and how stable are they.
<input type="checkbox"/> Xanthochromia	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF oligoclonal bands	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

Note: if there are any other biochemical tests of CSF fluid not listed above, please fill in the appropriate section.

Further comments if any [Click here to enter text.](#)

22. Currently, are there any special precautions for handling CSF given the Covid guidelines?

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify what special precautions Click here to enter text.</p> <p>22a. If a request for CSF xanthochromia is received for patient suspected to have COVID-19, what would your laboratory do? Click here to enter text.</p> <p>22b. If a request for CSF xanthochromia is received for patient confirmed to be positive for SARS-CoV-2, test deemed to be clinically indicated and urgently required, what would your laboratory do? Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Please note here if there were procedures set in the past during Covid pandemic and specify what precautions. Click here to enter text.</p>
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[Section C: Interpretation and Reporting]

23. Reference ranges

[CSF] Test name Tick the box if the test is available in your trust	Tick yes if reference ranges are provided on the final report. If yes, please provide details	Tick yes if source of your reference ranges is known If yes, please provide details of your source
<input type="checkbox"/> CSF Protein	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF Glucose	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF Lactate	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Xanthochromia	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF oligoclonal bands	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

24. Interpretive comments

[CSF] Test name Tick the box if the test is available in your trust	Tick yes if interpretive comments are provided on the final report. If yes, please provide details	If interpretive comments are provided, please tick yes to indicated how are they generated and by whom?	
<input type="checkbox"/> CSF Protein	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF Glucose	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF Lactate	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Xanthochromia	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> CSF oligoclonal bands	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.

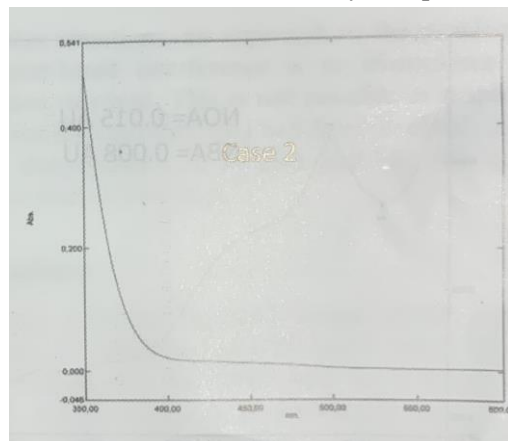
25. Do you laboratory use interpretation software to analyse the Xanthochromia trace automatically?

<p>Yes <input type="checkbox"/></p> <p>If yes, please give a brief description of your software and if automatic comments could be generated by the software. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>If no, how do you analyse the trace and is there a second person approve the analysis? Click here to enter text.</p>
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26. Do you have a set of coded comments in your LIMS to automatically input the interpretation of Xanthochromia trace to the final reports?

<p>Yes <input type="checkbox"/></p> <p>If yes, please give a brief description of how this is achieved in your laboratory and are they transcriptional checked and by whom? Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>If no, If no, please give a brief description of how interpretation is transcribed from your analyser to your LIMS and are they transcriptional checked and by whom? Click here to enter text.</p>
---	--

Scenario 3: How would you report the Xanthochromia trace below



(note: it is impossible to draw an artificial baseline that touches the curve between 350 and 400 nm and again between 440 and 530 nm)

[Click here to enter text.](#)

27. Do you also document the date and time since the start of the onset symptom (i.e. headache)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify how you obtain such information. Patient record <input type="checkbox"/> ; Calling requestor <input type="checkbox"/> ; Info required to be entered on the test ordering page <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.	
Any comments Click here to enter text.	

28. Do you comment on the time window for the Xanthochromia results to be valid?

Yes, automatically appears on the report <input type="checkbox"/> Yes, manually written on the report <input type="checkbox"/> Others <input type="checkbox"/> Click here to enter text.	No <input type="checkbox"/>
Any comments Click here to enter text.	
If yes, please specify what is your acceptable time window for the test to be valid Click here to enter text. Please give details of how would you comment on a negative Xanth result if the sample was collected on Day 1 post headache. Click here to enter text.	

29. Is your laboratory aware of the potential net bilirubin absorbance lowering effect of some antibiotics such as tetracyclines and doxycycline. Are there any procedures in place to avoid such false negative results in the xanthochromia test?

[Click here to enter text.](#)

Part 5: Pleural Fluid

(Please skip the section if not relevant)

[Section A: Requesting]

30. Sample requirement and vetting

[Pleural Fluid] Test name Tick the box if the test is available in your trust	Sample requirement (e.g. sample container, need for paired samples & analysis)	Tick yes if the tests are vetted? If yes, please provide test indications and vetting criteria
<input type="checkbox"/> Protein	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> LDH	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Glucose	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Triglyceride	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Cholesterol	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Amylase	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Creatinine	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Bilirubin	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> pH	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Adenosine deaminase	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

Note: if there are any other biochemical tests of pleural fluid not listed above, please fill in the appropriate section.

31. Are there any procedures in place to prevent an inappropriate test such as SAAG and bilirubin to be performed on pleural fluid?

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify what procedures in place Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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32. If protein and LDH are both requested on a pleural fluid, would you hold back the LDH analysis and only perform LDH analysis if protein level falls into the equivocal range?

<p>Yes <input type="checkbox"/></p> <p>What is the protocol in place to ensure LDH is not run prior protein analysis? Who makes the decision on if the LDH test should be run? Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
--	---

33. Are tumour markers testing available for pleural fluids (e.g.: for fluid CEA)

<p>Yes <input type="checkbox"/></p> <p>If yes, please answer the following questions:</p> <ul style="list-style-type: none"> 33a. please list which tumour markers are available Click here to enter text. 33b. Is tumour marker testing on fluids vetted? <div style="display: flex; justify-content: space-around;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <p>If yes, please specify what are the test indications and vetting criteria for each tumour marker? Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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[Section B: Operation and Analysis]

34. Which platform/analytical method is in use?

[Pleural Fluid] Test name Tick the box if the test is available in your trust	Please tick the box if the test is referred to another laboratory	Platform if known	Analytical range if relevant & reporting unit. Any dilution protocol to extend the analytical range?
<input type="checkbox"/> Protein	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> LDH	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Glucose	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Triglyceride	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Cholesterol	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Amylase	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Creatinine	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Bilirubin	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> pH	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Adenosine deaminase	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.

Note: if there are any other biochemical tests of pleural fluid not listed above, please fill in the appropriate section.

35. Currently, are there any special precautions for handling pleural fluids given the Covid guidelines?

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify what special precautions Click here to enter text.</p> <p>35a. If a request for pleural fluid is received for patient suspected to have COVID-19, what would your laboratory do? Click here to enter text.</p> <p>35b. If a request for pleural fluid is received for patient confirmed to be positive for SARS-CoV-2, test deemed to be clinically indicated, what would your laboratory do? Click here to enter text.</p> <p>35c. Does the same precautions apply to other fluids (excluding CSF) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please specify which fluids (excluding CSF) have different precautions in place. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Please note here if there were procedures set in the past during Covid pandemic and specify what precautions. Click here to enter text.</p>
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[Section C: Interpretation and Reporting]

36. Reference ranges

[[Pleural Fluid] Test name Tick the box if the test is available in your trust	Tick yes if reference ranges are provided on the final report. If yes, please provide details	Tick yes if source of your reference ranges is known If yes, please provide details of your source
<input type="checkbox"/> Protein	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> LDH	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Glucose	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Triglyceride	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Cholesterol	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Amylase	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Creatinine	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Bilirubin	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> pH	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Adenosine deaminase	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

37. Interpretive comments

[Pleural Fluid] Test name Tick the box if the test is available in your trust	Tick yes if interpretive comments are provided on the final report. If yes, please provide details what comments are provided in which scenario.	If interpretive comments are provided, please tick yes to indicated how are they generated and by whom?	
<input type="checkbox"/> Protein	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> LDH	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Glucose	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Triglyceride	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Cholesterol	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Amylase	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Creatinine	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Bilirubin	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> pH	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Adenosine deaminase	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.

38. Do you have rules/tools in place to aid the interpretation of a transudate and exudate for pleural fluid

<p>Yes <input type="checkbox"/></p> <p>If yes, please give a brief description. Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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39. Do you need a paired serum sample for distinguishing a transudate and exudate for pleural fluid

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify within what time window and what are tested on the serum Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
--	---

40. How do you distinguish between transudate and exudate for pleural fluid and what are the cut-offs ?

Please give a brief description.

[Click here to enter text.](#)

Scenario 4: In patients with raised fluid triglycerides and suspected chylothorax, would you add a fluid cholesterol to rule out pseudochylothorax?

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify what are the cut-offs for interpretation Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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Part 6: Ascitic Fluid/Peritoneal Fluid

(Please skip the section if not relevant)

[Section A: Requesting]

41. Sample requirement and vetting

[Ascitic Fluid] Test name Tick the box if the test is available in your trust	Sample requirement (e.g. sample container, need for paired samples&analysis)	Tick yes if the tests are vetted? If yes, please provide test indications and vetting criteria
<input type="checkbox"/> Serum ascites albumin gradient (SAAG)	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Protein	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Glucose	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Triglyceride	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Amylase	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Creatinine	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Bilirubin	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Urea	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

Note: if there are any other biochemical tests of ascitic fluid not listed above, please fill in the appropriate section.

42. Are there any procedures in place to prevent an inappropriate test such as pH to be performed on ascitic fluid?

<p>Yes <input type="checkbox"/></p> <p>If yes, please specify what procedures in place Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>Any comments? Click here to enter text.</p>
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[Section B: Operation and Analysis]

43. Which platform/analytical method is in use?

[Ascitic Fluid] Test name Tick the box if the test is available in your trust	Please tick the box if the test is referred to another laboratory	Platform if known	Analytical range if relevant & reporting unit. Any dilution protocol to extend the analytical range?
<input type="checkbox"/> Serum ascites albumin gradient (SAAG)	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Protein	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Glucose	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Triglyceride	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Amylase	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Creatinine	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Bilirubin	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Urea	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/>	Click here to enter text.	Click here to enter text.

Note: if there are any other biochemical tests of ascitic fluid not listed above, please fill in the appropriate section.

Further comments if any [Click here to enter text.](#)

[Section C: Interpretation and Reporting]

44. Reference ranges

[Ascitic Fluid] Test name Tick the box if the test is available in your trust	Tick yes if reference ranges are provided on the final report. If yes, please provide details	Tick yes if source of your reference ranges is known If yes, please provide details of your source
<input type="checkbox"/> Serum ascites albumin gradient (SAAG)	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Protein	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Glucose	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Triglyceride	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Amylase	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Creatinine	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Bilirubin	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Urea	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

45. Interpretive comments

[Ascitic Fluid] Test name Tick the box if the test is available in your trust	Tick yes if interpretive comments are provided on the final report. If yes, please provide details what comments are provided in which scenario.	If interpretive comments are provided, please tick yes to indicated how are they generated and by whom?	
<input type="checkbox"/> Serum ascites albumin gradient (SAAG)	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Protein	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Glucose	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Triglyceride	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Amylase	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Creatinine	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Bilirubin	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Ascitic Fluid Urea	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.
Click here to enter test name	Yes <input type="checkbox"/> Click here to enter text.	Automatically <input type="checkbox"/> ; BMS <input type="checkbox"/> ; Clin Scient <input type="checkbox"/> ;	Manually enter coded comments <input type="checkbox"/> ; Others <input type="checkbox"/> Click here to enter text.

Note: if there are any other biochemical tests of ascitic fluid not listed above, please fill in the appropriate section.

46. Do you have rules/tools in place to aid the interpretation of Serum ascites albumin gradient (SAAG) analysis

<p>Yes <input type="checkbox"/></p> <p>If yes, please give a brief description and what is formula in use Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <p>If no, please specify how SAAG calculation is done and state whether it is performed by BMS or Clin Scient . Click here to enter text.</p>
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47. What is the time window for the paired serum sample for SAAG?

☐ <24 hours please specify the cut-off [Click here to enter text.](#)
☐ 24 hours
 ☐ >24 hours please specify the cut-off [Click here to enter text.](#)


48. How do you differentiate ascites formed by portal hypertension due to cirrhosis from other causes?

Please give a brief description and state the cut-offs.

[Click here to enter text.](#)

 **Scenario 5:** If the SAGG calculation gives a negative value, how the result would be reported?

[Click here to enter text.](#)

 **Scenario 6:** What would your laboratory do if no paired serum sample was sent with the ascitic fluid for the SAAG analysis? What if no paired serum sample could be obtained?

[Click here to enter text.](#)

Part 7: Other Fluids

(Please skip the section if not relevant)

[Section A: Requesting]

49. Sample requirement and vetting

Type of fluids Tick the box if the test is available in your trust	Name of available Tests	Sample requirement (e.g. sample container, need for paired samples&analysis)	Are tests vetted? If yes, please provide test indications and vetting criteria
<input type="checkbox"/> Pericardial Fluid	Click here to enter text.	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Knee Aspiration	Click here to enter text.	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
<input type="checkbox"/> Drain Fluid	Click here to enter text.	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Yes <input type="checkbox"/> Click here to enter text.

Note: if there are any other types of fluid not listed above, please fill in the appropriate section.

Scenario 7: If your laboratory receives a tumour marker request on any type of fluids, would the sample be rejected?

<p>Yes <input type="checkbox"/></p> <p>Any procedures in place to prevent inappropriate request on fluid tumour markers?</p> <p>Click here to enter text.</p>	<p>No <input type="checkbox"/></p> <ul style="list-style-type: none"> Please state which tumour marker and on which type of fluids would be accepted Click here to enter text. Please state if you have any vetting criteria for approving tumour marker testing on fluids Click here to enter text. If the sample is analysed for tumour markers, how the results would be reported? Click here to enter text. 	<p>Test run automatically <input type="checkbox"/></p> <p>Comment if any Click here to enter text.</p>
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[Section B: Operation and Analysis]

50. Do you provide fluid pH in your Trust? If so, how/where is it measured? (e.g. on a blood gas machine in ward or in the laboratory etc)

[Click here to enter text.](#)

✚ **Scenario 8:** If you laboratory received a fluid sample with unknown source, how would you book it in, what tests to be run and how to report the results?

[Click here to enter text.](#)

✚ **Scenario 9:** If you laboratory received a fluid sample with a deep brown colour, how would you proceed and would you still analyse the sample?

[Click here to enter text.](#)

[Section C: Interpretation and Reporting]

51. What are included in the final reports for other types of fluids mentioned in Q47? Any reference ranges or interpretive comments provided?

[Click here to enter text.](#)

52. If interpretive comments are provided, please tick yes to indicated how are they generated and by whom?

Automatically ☐; Manually enter coded comments ☐; BMS ☐; Clin Scient ☐; Others [Click here to enter text.](#)

Many thanks for completing this questionnaire. Please send completed questionnaires to Danni Fan (danni.fan@nhs.net)

by Mon 7th Feb 2022