



DOUGLASS
HANLY MOIR
PATHOLOGY
Quality is in our DNA



BARRATT & SMITH
PATHOLOGY
Quality is in our DNA

Test Selection Guide

Laboratory Diagnosis of Common Conditions



ACCEPTABLE GROUP TESTS

Tests other than 'Acceptable Group Tests' must be ordered specifically and individually.

UREA, ELECTROLYTES and CREATININE

Sodium, potassium, chloride, bicarbonate, urea, creatinine, eGFR

LIVER FUNCTION TESTS

Total bilirubin, total protein, albumin, alkaline phosphatase, gamma glutamyl transferase, alanine transaminase, aspartate transaminase

IRON STUDIES

Iron, transferrin, transferrin saturation, ferritin

THYROID FUNCTION TESTS (TFT)

'TSH' – only TSH performed.

'TFT' – TSH/FT4/FT3 if:

TSH abnormal or history of thyroid disease, dementia, psychiatric disorder, amenorrhoea, infertility, pituitary disease, on amiodarone, lithium, hospital patient, sick euthyroid

LIPID STUDIES

Cholesterol & triglycerides
HDL (*must be specifically requested*)

BLOOD GASES

pH, pO₂, pCO₂, bicarbonate, base excess

CARDIAC TESTS

Troponin T
NT-proBNP

ADRENAL

Cushing's

Salivary cortisol
Dexamethasone suppression test
Urinary free cortisol, AM & PM cortisol

Addison's

Synacthen stimulation test (*appointment required*)

ACTH Congenital Adrenal Hyperplasia

Synacthen stimulation test with 17-OH-progesterone (*appointment required*)

Phaeochromocytoma

24-hour urine for catecholamines and metanephrines
Plasma metanephrines, serum chromogranin A

Carcinoid

24-hour urine for 5-HIAA and serotonin
Serum chromogranin A

CALCIUM AND BONE

Calcium studies (calcium, phosphate, albumin, corrected calcium)
Ionised calcium, EUC, LFTs, PTH, magnesium, serum 25-OH-vitamin D

Bone Turnover Marker

ALP isoenzyme separation for bone isoform
Serum P1NP, serum CTX, urinary DPD

If Hypercalcaemia

24-hour urine for calcium excretion, PTH, 25-OH-vitamin D, angiotensin converting enzyme (ACE)
1,25-diOH-vitamin D for sarcoidosis

DIABETES MELLITUS

Fasting glucose
Standard glucose tolerance test (75g load, 2 hours)
Insulin and C-peptide

Monitoring

Glycated haemoglobin (HbA1C), fructosamine
Urinary albumin (spot urine for ACR and overnight timed for AER)

Gestational Diabetes Screening

1-hour screening GCT (50g load)
2-hour GTT (75g load)

TRACE ELEMENTS

Magnesium, iron studies, copper, zinc, selenium, manganese, chromium

GASTROINTESTINAL

Lipase, amylase
3-day faecal fat
Vitamin A and serum carotene
25-OH vit D, vitamin E, serum folate, red cell folate, B12, iron studies
Fasting gastrin, VIP, glucagon, pancreatic polypeptide
24-hour urinary 5-HIAA
Urea breath test for *Helicobacter pylori*
Faecal reducing substances
Disaccharidases on jejunal biopsy
Faecal alpha-1-antitrypsin

REPRODUCTIVE HORMONE PROFILE

LH, FSH, prolactin, oestradiol, progesterone, testosterone
Sex hormone binding globulin
Calculated free androgen index (FAI)
Androstenedione
Dehydroepiandrosterone sulphate DHEAS
Calculated free testosterone (cFT)
Anti-mullerian hormone (AMH)

HEAVY METALS SCREEN

Serum – arsenic, cadmium, palladium, mercury
Urine – random or 24-hour, arsenic, cadmium, palladium, mercury

HIRSUTISM AND PCOS ASSESSMENT

LH, FSH, testosterone, sex hormone binding globulin (SHBG), cFT, androstenedione, DHEAS
Synacthen stimulation test with 17-OH-progesterone (*appointment required*)

HYPOGLYCAEMIA

GH, cortisol and insulin at time of hypoglycaemia
GH response to exercise
Synacthen stimulation test (*appointment required*)
Prolonged GTT with insulin

INBORN ERRORS OF METABOLISM

Urine metabolic screen (total amino acid concentration, amino acid chromatography, reducing substances, ketones, glucose, mucopolysaccharides)
Serum amino acid chromatography
EUC, LFTs, blood ammonia, betahydroxybutyrate, lactate, urine organic acids, sweat electrolytes
Guthrie test

LIPIDS

Cholesterol, triglycerides, HDL cholesterol, LDL cholesterol (calculated)
Lipoprotein electrophoresis, Lp(a), Apo A1, Apo B, plasma homocysteine

CHRONIC LIVER DISEASE

LFTs, iron studies and HFE genotype, alpha-1-antitrypsin, serum copper, 24-hour urinary free copper, caeruloplasmin
See also IMMUNOSEROLOGY Section.

MISCELLANEOUS

Succinylcholine apnoea – serum cholinesterase
Lactate
Betahydroxybutyrate
Porphyrins – urine, faeces, red cell, plasma
Acute porphyria – urinary PBG

NUTRITION

B12, folate, iron studies, FBC (for anaemia)
Vitamin C (increased bleeding tendency, e.g. for gum bleeding)
B1 (thiamin), B2 (riboflavin), B6 (pyridoxine)
Urinary iodine
Also see TRACE ELEMENTS

FOR PROTEIN MALNUTRITION

Total protein, albumin, prealbumin

PITUITARY

First Line Tests

Prolactin, FSH, LH, TSH (see TFTs)

Second Line Tests

Synacthen stimulation test (*appointment required*)

- a) Isolated GH Deficiency – exercise provoked GH response
- b) Cushing's – salivary cortisol, dexamethasone suppression test, urinary free cortisol, AM & PM cortisol
- c) Acromegaly – GTT with growth hormone estimations
- d) Prolactinoma – prolactin, macroprolactin
- e) Diabetes Insipidus – first morning urine osmolality, overnight water deprivation with synchronous serum and urine osmolality

PREGNANCY

Serum pregnancy test

(detects pregnancy 10 days post fertilisation),

TFTs, 25-OH-vitamin D, urinary iodine

Gestational GTT

Down syndrome risk screen

For pregnancies at risk – quantitative hCG

Amniotic Fluid

Cytogenetics, alpha fetoprotein

RENAL AND HYPERTENSION STUDIES

EUC, albumin, eGFR, creatinine clearance

Urinary albumin (spot urine for ACR and overnight timed for AER)

Spot urine (24-hour) protein, calcium, urate, phosphate, urinary electrolytes

Urine protein EPP

Calculi analysis

Renin, aldosterone

Urine and serum osmolalities

SERUM PROTEINS

Total protein, albumin, total globulins, protein electrophoresis,

immunofixation, immunoglobulin quantitation

24-hour urinary protein

Urine – protein EPG

Serum – free light chains, cryoglobulins,

cryofibrinogens,

alpha-1-antitrypsin, transferrin, aeruloplasmin,

haptoglobin,

C-reactive protein, C3, C4

SHORT STATURE

Thyroid function tests, GH and IGF-1,

LH, FSH, oestradiol,

progesterone, testosterone, SHBG, serum

cortisol, prolactin

THERAPEUTIC DRUG MONITORING

Analgesic

Salicylate, paracetamol

Antibiotic

Gentamicin, tobramycin, vancomycin, amikacin

Anti-Epileptic

Carbamazepine, clonazepam, ethosuximide, lamotrigine, phenobarbitone, phenytoin, primidone, sulthiame, valproate, vigabatrin

Bronchodilatory

Theophylline

Cardiac

Amiodarone, digoxin, disopyramide, flecainide, lignocaine

Mexiletine, procainamide, quinidine

Psychoactive

Specific tricyclics, lithium

THYROID

Thyroid antibodies

Thyroiditis – thyroglobulin and thyroid

peroxidase antibodies

Grave's monitoring –

thyrotropin receptor antibodies (TRAB)

Thyroid cancer monitoring – thyroglobulin

and Tg antibodies

Medullary carcinoma of thyroid - calcitonin

TOXICOLOGY

For screening and confirmation of drugs of abuse in human body fluids

Douglass Hanly Moir Pathology is accredited by the National Association of Testing

Authorities under the Australian standard for drug testing – AS/NZS 4308:2008

- Opiates (e.g. heroin, morphine); amphetamines (e.g. speed, ecstasy); cannabis metabolites;
- cocaine metabolites; benzodiazepines (e.g. tranquillisers, sedatives)
- Urine drug screen – includes drugs of abuse (*Please note on the request form if the patient is on a drug dependence programme.*)
- Serum levels – in particular paracetamol, alcohol (*and drugs listed under THERAPEUTIC DRUG MONITORING*)
- Serum cholinesterase and red cell cholinesterase for organophosphate exposure. See also HEAVY METAL SCREEN.

TUMOUR MARKERS

Testis

AFP, beta-hCG, LDH

Prostate

PSA, free PSA

Colon

CEA, CA 19.9, faecal occult blood

Stomach, Pancreas, Bile Duct

CA 19.9, CEA

Ovary

CA 125, CEA, AFP

Breast

CA 15.3, CEA

Lung

CEA, NSE, Mesomark

Liver

AFP

Myeloma, CLL

Beta-2-microglobulin, protein electrophoresis, serum free light chains, urine protein EPG, immunofixation

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Testing is determined in conjunction with the history, clinical findings and preliminary results.

ACCEPTABLE GROUP TESTS

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FULL BLOOD COUNT (FBC)

Haemoglobin
Haematocrit
Red cell parameters (RCC, MCV, MCH, MCHC, RDW)
Leucocyte count and differential
Platelet count
Film, only if indicated

COAGULATION STUDIES

APTT, PT, fibrinogen, thrombin time and platelet count

HAEMOSTASIS TESTING

Abnormal Bleeding / Bruising

Initially FBC and coagulation profile
PFA-100 (special collection required), factor assays and Von Willebrand studies (special collection requirement)
Further testing in consultation with a haematologist.

DIC screen

APTT, PT, fibrinogen, D-dimer, platelet count, and thrombin time

ANTICOAGULANT CONTROL

Oral (Warfarin)

Current INR recommendations:
2.0 - 3.0 for atrial fibrillation, venous thrombosis, tissue heart valves
2.5 - 3.5 for mechanical heart valves

LMW Heparin

Monitoring is usually not required except in certain conditions e.g. pregnancy, renal impairment, extremes of weight range (<50kg, >100kg), clinical bleeding or clinical failure of therapy.
Specific therapy must be stated on the request form.

ABNORMAL CLOTTING

(Thrombophilia)

FBC, coagulation studies

Inherited

Antithrombin, protein C and S, APC resistance, Factor V Leiden, prothrombin gene mutation, fasting homocysteine

Acquired

Lupus inhibitor, anticardiolipin antibody
N.B.: 'Thrombophilia screen', 'Hypercoagulable screen', etc are NOT accepted group tests. Each item must be individually requested. Medicare Benefit Schedule rules apply to receive rebate.

ANAEMIA

Macrocytic Anaemia

FBC, film, ESR, reticulocyte count, direct antiglobulin test, B12, red cell folate, EUC, LFTs, LDH
Further testing may be necessary in consultation with a haematologist.

Microcytic Anaemia

FBC, film, ESR, CRP, reticulocyte count, EUC, LFTs, iron studies, thalassaemia studies (HPLC quantitation of HbA2, HbF, variant haemoglobins)

Normocytic Anaemia

FBC, film, reticulocyte count, ESR, EUC, LFTs, LDH, CRP, red cell folate, iron studies, direct antiglobulin test, TFTs
Further testing may be necessary in consultation with a haematologist.

HAEMOLYSIS INVESTIGATIONS

FBC, film, reticulocyte count, direct antiglobulin test, LFTs, haptoglobins, LDH.
PNH screen
Further testing may be necessary in consultation with a haematologist.

NEUTROPENIA

+/- THROMBOCYTOPENIA

FBC, film, LFTs, ANA, rheumatoid factor
Viral serology may be indicated.
Further testing may be necessary in consultation with a haematologist.

PANCYTOPENIA

FBC, film, ESR, EUC, LFTs, B12, red cell folate, LDH, PNH screen
Further testing may be necessary in consultation with a haematologist.

POLYCYTHAEMIA

FBC, film, LFTs, LDH, blood gases, iron studies, serum erythropoietin
Molecular studies for JAK2 mutation
Further testing may be necessary in consultation with a haematologist.

NEUTROPHILIA / THROMBOCYTOSIS

(Persistent findings in the absence of hyposplenism)
FBC, film, ESR, CRP, iron studies, LDH
Molecular studies for BCR/ABL and JAK2 mutations
Further testing may be necessary in consultation with a haematologist.

PERSISTENT LYMPHOCYTOSIS

(In the absence of hyposplenism)
FBC, film, EUC, LFTs, LDH, CRP
Viral serology
Flow cytometry - lymphocyte surface marker studies

IF LYMPHOMA SUSPECTED

Calcium, protein EPG and immunoelectrophoresis, immunoglobulins, beta-2-microglobulin
Further testing may be necessary in consultation with a haematologist.

MYELOMA

FBC, film, ESR, LFTs, LDH, calcium
Serum and urine protein EPG and immunoelectrophoresis
Beta-2-microglobulin, light chain analysis in some circumstances
Further testing may be necessary in consultation with a haematologist.

PREGNANCY

Pregnancy & Thalassaemia

FBC, film, iron studies, thalassaemia studies (HPLC quantitation of HbA2, HbF and variant haemoglobins)
FBC and thalassaemia studies on the patient's partner, if indicated

Fetomaternal Haemorrhage

Maternal blood group & antibody screen
Kleihauer (or FMH assessment by flow cytometry)
If at delivery: cord blood for baby's group and FBC

Neonatal Jaundice

Baby's blood group and direct antiglobulin test, maternal blood group and antibody screen, neonatal bilirubin, baby's FBC, film and G6PD screen

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ARTHRITIS

FBC, ESR, CRP, urate, ANA, rheumatoid factor (RF), anti-CCP
Synovial fluid m/c/s (cells & crystals)
Serology for Ross River virus, Barmah Forest virus, rubella, hepatitis B, yersinia, HLA-B27, rickettsia

CNS INFECTION

CSF – m/c/s, protein & glucose, cryptococcal antigen
Blood cultures
Viral cultures – throat swab, faeces (enteroviruses)
CSF PCR – herpes simplex, enterovirus, Neisseria meningitidis
Serology – syphilis, arboviruses, mumps, herpes simplex, toxoplasma, HIV

DIARRHOEA (ACUTE)

Faeces m/c/s and ova, cysts and parasites
Clostridium difficile toxin detection
Rotavirus, adenovirus
Outbreaks – norovirus
Traveller – cyclospora

DIARRHOEA (CHRONIC)

Faeces culture & microscopy for parasites
Microsporidia stains (HIV patients)
Faecal fats (3-day collection)
Faecal reducing substances (malabsorption)
Clostridium difficile toxin

EYE

Conjunctivitis

Eye swab m/c/s
Acanthamoeba culture,
Herpes simplex PCR, chlamydia PCR

Choroiditis / Retinitis

Serology – toxoplasma, toxocara, syphilis

FEVER IN RETURNED TRAVELLER

FBC, blood cultures, LFTs
Blood films (malaria),
Faeces culture & microscopy for parasites
Serology – arbovirus including dengue, hepatitis A and E, Entamoeba histolytica

FEVER OF UNKNOWN ORIGIN

Blood cultures x 3
FBC, ESR, LFTs
Urine m/c/s
Other cultures e.g. CSF
Faeces culture & microscopy for parasites
CXR
Malaria films (if indicated)
Mycobacterial cultures
Serology - HIV, EBV, CMV, ANA, Q Fever, leptospira, salmonella, typhoid, brucella, ANA

GENITAL DISCHARGE

Swab m/c/s – gonococci, trichomonas
Chlamydia PCR (urine, urethral or cervical swab)
Vaginitis – high vaginal swab m/c/s
PID – cervical swab m/c/s
Herpes simplex PCR
Cervical cytology
Ureaplasma / mycoplasma

GENITAL LESION

Swab m/c/s
PCR – herpes simplex, varicella zoster
Syphilis by direct detection
Serology – HIV, syphilis, herpes simplex

HEPATITIS

Hepatitis A, B, C (consider D if BsAg positive), hepatitis E (if traveller), EBV, CMV, toxoplasma,
Q fever, leptospira

HIV / AIDS

HIV antibodies, lymphocyte subpopulations (CD4 & CD8), HIV viral load, CMV, toxoplasma, syphilis

INTRA-UTERINE NEONATAL INFECTIONS

Amniotic fluid, cervical swab m/c/s
Products of conception – m/c/s including ureaplasma / mycoplasma
Herpes simplex, enterovirus PCR
Serology - CMV, toxoplasma, parvovirus B19, herpes simplex, rubella, syphilis

LYMPHADENOPATHY AND MONONUCLEOSIS

FBC, ESR
Serology - EBV, CMV, toxoplasma, HIV, rubella, hepatitis A, syphilis, chlamydia, mumps
Cat-scratch disease

RENAL DISEASE

Urine m/c/s – examination for crystals, casts and dysmorphic RBCs
Streptococcal serology, ANA

LOWER RESPIRATORY TRACT INFECTION

Sputum m/c/s
Blood cultures
Legionella swab culture / urine antigen
Nasopharyngeal swab – respiratory viral antigens
If chronic, consider mycobacteria microscopy and culture.
Serology – Chlamydia pneumoniae, legionella, Mycoplasma pneumoniae, influenza, pertussis

UPPER RESPIRATORY TRACT INFECTION

Throat swab – m/c/s
Throat swab – respiratory viral antigens, pertussis PCR
Serology – influenza A & B, pertussis

TONSILLITIS

Throat swab – m/c/s
Serology – infectious mononucleosis screen, EBV

TUBERCULOSIS

CXR, sputum mycobacteria microscopy and culture, Quantiferon assay

ULCER (CHRONIC)

Swab m/c/s – from base of ulcer
Biopsy if mycobacterial or deep fungal infection suspected
ANA, FBC, ESR, glucose

RASH (VESICULAR)

PCR – herpes simplex, varicella zoster
Swab m/c/s – impetigo
Viral culture – throat swab & faeces if enterovirus suspected
Serology – varicella zoster, herpes simplex, rickettsia (rickettsial pox), Ross River virus, Barmah Forest virus

RASH (NON-VESICULAR)

Skin scraping m/c – dermatophyte fungi
Biopsy – histopathology
Serology – EBV, rubella, syphilis, streptococcal, rickettsia, measles, Parvovirus B19, HIV, HHV6, CMV, Ross River virus, Barmah Forest virus, dengue, enteroviruses

ZONOSSES

Serology - Q fever (antibodies may take weeks to become positive), leptospira, brucella, hydatid
Blood cultures x 3

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INFECTIONS

Chlamydia, gonococci, HPV, hepatitis C, hepatitis B
Herpes PCR, (HSV I, II, VZV)
Bordetella PCR
Respiratory virus influenza A and B, parainfluenza 1 and 3)
Clostridium difficile toxin (CDT) PCR
Faecal PCR
Genital mycoplasma PCR
Trichomonas vaginalis PCR

OTHERS

Epidemiological investigations (e.g. MRSA typing) please contact the department.
Group B streptococcus (vaginal swab at 36-37 weeks)

For information regarding the investigation of other pathogens, please contact the Molecular Biology department.

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Immunology/Allergy

Consultant to Director, Dr Karl Baumgart – 9855 5286
Department Manager, Terri Sivertsen – 9855 5295

ACUTE ARTHRITIS

FBE, ESR, CRP, urate
ANA, RF, CCP Ab
Synovial fluid m/c/s (cells & crystals)
Consider, ENA, dsDNA Ab
Consider infectious arthritis serology (see Microbiology)
HLA-B27

AUTOIMMUNE DISORDERS

Connective Tissue Disease

ANA, ENA, dsDNA, RF, CCP Ab

Addison's Disease

Adrenal cortex Ab

Anti-Phospholipid Syndrome

Cardiolipin IgG, IgM & beta-2-glycoprotein 1 Ab, lupus anticoagulant

Autoimmune Thyroiditis

Thyroid microsomal (peroxidase) & thyroglobulin Ab

Grave's Disease

TSH receptor Ab

Blistering Skin Disorders

ICCS and skin BM Ab

Type 1 Diabetes

GAD Ab

Myasthenia Gravis

Acetylcholine receptor Ab

Pernicious Anaemia

Intrinsic factor & gastric parietal Ab

Primary Biliary Cirrhosis

Mitochondrial Ab

Chronic Autoimmune

Hepatitis
Smooth muscle Ab
Liver, kidney microsomal Ab
ANA

Crohn's Disease

ASCA IgG and IgA Abs

Wegener's Granulomatosis

ANCA

CHRONIC INFLAMMATORY DISEASE

FBE, ESR, CRP, iron studies, IgG, IgA, IgM
C3, C4, alpha-1-antitrypsin, haptoglobin

COELIAC DISEASE

Gliadin IgA, tTG IgA-IgG Ab
IF Total IgA if tTG +, gliadin IgA -
Consider coeliac tissue type
Consider endomysial Ab
Consider gliadin IgG

HYPERSENSITIVITY PNEUMONITIS

Farmer's lung
Fungal precipitans
Avian precipitans

INFECTIONS (RECURRENT)

FBE, ESR, CRP, IgA, IgG, IgM levels
IgG subclasses, pneumococcus IgG
Tetanus IgG,
Consider serum & urine EPG-IFE
Lymphocyte subpopulations (CD4 & CD8).

HIV/AIDS

HIV Ab-Ag
Lymphocyte subpopulations (CD4 & CD8)
HIV viral load

ALLERGY

Total IgE, tryptase, eosinophilic cationic protein (ECP), Type 1, 11 (C1 Esterase Inhibitor), and 111 (Factor X11) hereditary angioedema.

Initial Investigation Panels

A1 – child 6 years or less
A2 – adult or child over 6 years
A3 – child allergy (also request IgE)
A4 – animal inhalants
A5 – rural Inhalants
A6 – pets
A7 – moulds
A8 – native trees
A9 – food screen
A10 – nuts
A11 – seafood
A12 – cereals
A13 – staple foods
A14 – insects
A15 – latex & foods
A16 – food & inhalants
Bee venom IgG

Specific allergens can be requested – see our Allergy brochure or consult with the Immunology department

ISAC® Immuno CAP

Profiles specific IgE to individual allergen molecules from different allergens.

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GYNAECOLOGICAL CYTOLOGY

Conventional Pap test and ThinPrep liquid-based sample for neoplasia
The ThinPrep sample can also be used for PCR testing for some genital infections, including chlamydia, gonorrhoea, trichomonas, human papillomavirus (HPV), and herpes simplex (types 1 and 2).

FINE NEEDLE ASPIRATION CYTOLOGY

Neoplasia and some benign disease processes in breast, thyroid, lymph nodes and other palpable lesions. Image guided aspirates from deep or impalpable lesions.

GENERAL CYTOLOGY

Neoplasia and some benign disease processes in respiratory system, urinary tract, CSF, effusions, gastrointestinal tract, skin scrapings, nipple secretions, synovial fluid.

For current cervical screening guidelines, please refer to the Cervical Screening NSW website: www.csp.nsw.gov.au

Molecular Genetics & Prenatal

Prof Graeme Suthers, Director - Genetics, Sonic Healthcare (Australia)
Director Molecular Genetics, Dr Karl Baumgart – 9855 5286
Molecular Genetics, Dr Scott Mead – 9855 5146
Department Manager, Dr Nicole Sawyer – 9855 5399
Director Prenatal, Dr Grahame Caldwell – 9855 5380
Department Manager, Dr Michael Sinosich – 9855 5374

GENETICS

Genetic Testing For Inherited Disorders

Alpha thalassaemia, C1 esterase, cystic fibrosis, DAZ, Type III hereditary angioedema factor XII, familial Mediterranean fever, fragile X syndrome, JAK 2, TRAPS (familial Hibernian fever)

Molecular Testing For Disease Susceptibility

Coeliac tissue typing
HLA B27
Narcolepsy tissue typing

Pharmacogenomic Testing

HLA B1502 - carbamazepine
HLA B5701 - abacavir
Beta 2 adrenoreceptor genotyping
TPMT genotyping
Warfarin metabolism genotyping (coming soon)

HAEMOCHROMATOSIS

Gene mutation screening C282Y, H63D, S65C

PARENTAGE & RELATIONSHIP

DNA testing to determine parentage or relationships including:

Paternity
Maternity
Sibship
Immigration

PRENATAL

Prenatal Testing Including:

First and second trimester screening
Integrated screening
FB-hCG; PAPP-A; uE3: AFP

THROMBOPHILIA

Factor V Leiden gene analysis
Prothrombin gene mutation
MTHFR gene analysis

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Histopathology

Director, Adj. Professor Warick Delprado – 9855 5155
Department Manager, Grant Taggart – 9855 5145

All shared histopathology, microbiology, cytogenetics or flow cytometry specimens must be sent fresh.

ROUTINE HISTOPATHOLOGY SPECIMENS

Place directly into formalin.

POSSIBLE LYMPHOMA

Send specimens fresh on saline-soaked gauze.

DIRECT IMMUNOFLUORESCENCE (DIF)

Send specimens on saline-soaked gauze – keep cool with an ice pillow.

FROZEN SECTIONS

Contact Histopathology office & arrange booking 9855 5150.

UNUSUAL SPECIMENS

Contact the Histopathology Department on 9855 5145 to confirm specimen collection and transport arrangements. If unable to confirm, it is preferable to send it in as a fresh specimen (not in formalin).

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Our pathologists are available 24 hours a day to give you advice and support when you need it.

We encourage you to consult with them so that we can assist you in the management of your patients. They are available for consultation on the numbers listed below:

CHIEF EXECUTIVE OFFICER

Dr Colin Goldschmidt 9855 5333

MEDICAL DIRECTOR

Adj. Prof. Annabelle Farnsworth 9855 5180

PATHOLOGISTS

BIOCHEMISTRY/ENDOCRINOLOGY 9855 5312

Dr Grahame Caldwell (Director of Chemical Pathology / Esoteric Testing) 9855 5286

Dr Nick Taylor (Director of Chemical Pathology / Automated Laboratory) 9855 5286

Dr Joyce Wu 9855 5074

HAEMATOLOGY 9855 5312

Dr Elizabeth Bernal 9855 5361

Dr Jonathan Blackwell 9855 5363

Dr Frances Hanly (Director of Haematology) 9855 5360

Dr Claudine Ho 9855 6088

Dr Lye Lin Ho 9855 5643

Dr Peter Kyle 9855 5472

Dr Ray McKinley 9855 5166

Dr Steve Moran 9855 5450

Dr Vera Stoermer 9855 5362

HISTOPATHOLOGY/CYTOPATHOLOGY 9855 5150

Dr Erica Ahn 9855 5482

Dr Alexandra Allende 9855 6251

Dr Tina Baillie 9855 5079

Dr Clare Biro 9855 5420

Adj. Prof. Fiona Bonar 9855 5154

Dr Ivan Burchett 9855 5151

Dr Juliet Burn 9855 6252

Dr Simon Clark 9855 6246

Dr Suzanne Danieletto 9855 5080

Adj. Prof. Warick Delprado (Director of Histopathology) 9855 5155

Dr Joanna Ding 9855 5063

Dr Melanie Edwards 9855 6266

Dr Stephen Fairy 9855 5164

Adj. Prof. Annabelle Farnsworth (Director of Cytopathology) 9855 5180

Dr William Felbel 9855 5168

Dr Laurence Galea XXXX XXXX

Dr Patricia Guzman XXXX XXXX

Dr Geoffrey Hall 9855 5056

Dr Vicki Howard 9855 5161

Dr Suzanne Hyne 9855 5078

Adj. Prof. Richard Jaworski 9855 5228

Dr Debra Jensen 9855 5157

Dr Ken Kneale 9855 5153

Dr Robyn Levingston 9855 5159

Dr Cathy Lim 9855 5096

Dr Lisa Lin 9855 6250

Dr Fiona Maclean 9855 5080

Dr Abha Malik 9855 5544

Dr Yasmin Matthews XXXX XXXX

Dr Denis Moir 9855 5160

Dr Anita Muljono 9855 5489

Dr Esther Myint 9855 6259

Dr Kambin Nejad 9855 6261

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