

General Information

- a) XN-20 is offline until Monday. Please result the Plt-F as TND and review platelets by morphology as required. For urgent Plt-F please contact SVHM on 92314110
- b) **Pathscientistha is ONLY be used for the BB TAT monitor**
- c) Samples that are "not in lab" need to be investigated and resolved
- d) Reminder that as per the APS general staff conduct policy
 - It is expected that staff remain on duty for the entirety of their rostered hours. Staff should not leave the laboratory unattended or leave their shift early without express permission from their supervisor.
 - Kronos timecards must be accurately updated at the end of each working day eg: recording overtime. Any incorrect or false timecards will not be authorised by your supervisor

New Policies, Procedures, Alerts or Reminders

- e) New blood group discrepancy comment to SOP CD_HA_0513 Patient product inquiry and coded comments. The comment is:
***** PATIENT BLOOD GROUP REPORTED AS O NEG FOR TRANSFUSION SUPPORT. Suggest confirmation of the group when patient stabilised *****
The comment is to be added to the blood group as a result comment and will print on the blood group report if one is requested.
Please ensure you are checking PPI for any relevant information if you have a request for an official blood group before printing.
- f) To help track the patients reported as ONEG with the BGDIS comment, a test code has been built. Add the test code BGDIS to the first accession number with the blood group discrepancy. Report the test code with a free text comment 'for review', in result entry and then verify it. Senior Scientist or 2IC will review these. Refer to SOP CD_HA_0405.
- g) If FFP is requested for a non-bleeding patient with an INR <2.0 please confirm FFP requirement with lab haem reg **ONLY** within hours (9am-5pm Mon-Fri)
- h) The recent lot of screening cells on the IH500 are giving 1+ reactions in the screening cells when running QC. As per BioRad these can be accepted, SOP to be amended once further information is discussed with BioRad.
- i) Reminder that all extended phenotyping that can be performed on the IH500 must be done on the new third analyzer-Baymax, this analyzer is QC'ed for this. Panels, titrations and titers are also to be run on this instrument. We have seen a huge improvement to our turn around time for resulting GS since Baymax was installed, keep up the great work.
- j) New document created 'Reporting Morphology in AMS' [HAE XNA 026](#)
- k) Please remember to check the diagnosis, name and UR# before updating a file in AMS
- l) When tagging/vetting slides for morphology please do not write over the patient details or the barcode on the slide.
- m) ESR QC out of range over 2 days and patient samples continued to be reported. **All** out of range QC results need to be investigated/actioned. Reminder while troubleshooting place patient samples in the fridge as samples can be performed within 24 hours when stored at 2-8C. If ongoing issue, also consider sending samples to SDMH for testing.
- n) Reminder re isolated raised APTT's with normal other coag.
 - This would be very unusual in the setting of liver impairment
 - Please remember to add AXA/Rep to exclude hep/doac/EDTA
 - Please remember to exclude sample filling as an issue

Rosters / Staffing / Recruitment

- o) Roster Release coming 9th December 2024 to 31 March 2025 - Please submit your leave requests ASAP
- p) CIS is underway, consultation with the union continues.

OH&S or Environmental issues

- q) X

Staff concerns or suggestions for future “group consultation”

- r) Any concerns can be brought to this meeting, personally brought to a senior, emailed or anonymously put into the “silver” box.

IT issues / Network Alerts / Trials / Projects

- s) Pathologist blood film’ is now live in PathNet and AMS, please refer to Jocelyn’s email 25/10
- t) COAG1
- Auto validation rules written to hold results in Cerner until all ‘pending’ results are back then auto validate if all ‘normal’
 - _COAG RAXA adds a ‘non-mandatory’ Reptilase, AXA Lab only and ‘order status’ to routine coag samples.
 - _COAG HILVW adds ‘non-mandatory’ C_Haemolysis, C_Icteric, C_Lipaemia, C_Volume, WORK1 ‘order status’ to routine coag samples and some Special Coag requests.
 - Once you sample is checked into lab the RAXA status and HILVW status will automatically result as ‘Completed’ which closes of the _COAG RAXA and/or _COAG HILVW but the ‘Reptilase’ and ‘AXA lab only’ etc are still available for results if needed.
 - You still have the ability to order a REP or AXA in DOE if required.
 - Routine and Special coagulation ‘netting’ has been updated to reflect future workflows for COAG1 and track delivery of routine samples.
The system will prompt for two samples if for example an INAP and F8L are requested instead of ‘grouping’ the two orders together on the same container.
 - One effect of this is that the COAG samples will now have a separate Accession number to other routine samples collected at the same time **It is essential that you consider this when searching via Accession number in ORV.**

New Staff / Social Events / Congratulations / Conference applications

- u) Congratulations to Vanessa for being awarded RMIT/AIMS best student for 2023 in Haematology
- v) Congratulations to Emma Khouri and family on the safe arrival of little 'Amira Maree Khouri' who arrived on 26/8/2024. Amira is a little angel and big brother Xander is embracing his new role

Sign off will be reviewed during each Performance appraisal cycle – please sign off in MTS