

BGL Repatriation

Summary of Changes

Detailed service-by-service change assessment

1. Urine investigations

Pathology First - current	Sample types: MSU, CSU, CCU, nephrostomy and bag urine. Routine culture uses Bio-Rad UriSelect4; nephrostomy specimens use CBA, CHOC, ARIA and UTI media; SABC is added when yeast is seen on microscopy. Current urine microscopy comments provide WBC, RBC and epithelial-cell interpretation. A separate comment is used when Pseudomonas is isolated.
Synnovis - new	Sample types remain MSU, CSU, CCU, nephrostomy and bag urine. Synnovis screens out microscopy-negative specimens and does not culture them, except specimens from pregnancy, immunocompromised patients and patients aged under 16, which are cultured on an Ori plate. New comments address bacteriuria in catheter specimens and Group B Streptococcus in pregnant urine. Urines will all still have microscopy. Comments will now be our own.
What is changing	• Specimen types are unchanged but there will be changes to collection containers. • The principal workflow change is introduction of microscopy-led screening: microscopy-negative specimens will generally not be cultured. • Explicit exceptions are introduced for pregnancy, immunocompromised patients and patients aged under 16. • Culture media/workflow changes from the Pathology First plate sets to an Ori-plate exception pathway for selected microscopy-negative specimens. • The extensive generic urine microscopy interpretation comment is not shown in the Synnovis column. • The Pathology First Pseudomonas significance comment is not shown in the Synnovis column. • New Synnovis comments are introduced for positive catheter urine and GBS isolated from urine in pregnancy.

2. Helicobacter pylori antigen

Pathology First - current	Faecal antigen testing by ELISA using HpStar. Positive comment states that the result indicates current H. pylori infection.
Synnovis - new	Faecal antigen testing on the Liaison platform. Synnovis provides distinct positive, equivocal, negative and invalid interpretive comments, including cautions about antibiotics, proton-pump inhibitors and bismuth preparations.
What is changing	• Analytical platform changes from HpStar ELISA to Liaison. • Sample type remains faeces. • Reporting expands from a positive-only statement to result-specific interpretation for positive, equivocal, negative and invalid outcomes. • Negative-result wording explicitly states that infection is not excluded and advises repeat sampling if symptoms persist.
Clarification status	No material clarification identified from the first worksheet.

3. Genital culture

Pathology First - current	HVS and LVS. Adults: CNA/SAB biplate. Children: CNA/SAB, CBA, CHOC and CLED. BV testing is performed for patients aged 10–60.
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	Existing comments advise molecular sampling when GC, chlamydia or PID is suspected and provide wording for GBS and S. aureus.
Synnovis - new	HVS and LVS. BA, GBS selective medium and CNA/SAB biplate. New comments state that GBS is a normal vaginal commensal with neonatal/maternal relevance and that S. aureus is normal vaginal flora unless associated with a wound or foreign body.
What is changing	• Sample types remain HVS and LVS. • Culture media are standardised to BA, GBS selective medium and CNA/SAB biplate. • The age-specific adult/child plate-set distinction is not shown in the Synnovis workflow. • Routine BV testing for patients aged 10–60 is not stated in the Synnovis workflow. BV on request only, pediatrics genital samples get choc plate added • GBS and S. aureus comments are rewritten and are more explicit about commensal status and when treatment is unnecessary.

4. Faeces investigations

Pathology First - current	Culture-based workflow using XLD, CTSM, selenite and CAMP, with TCBS/APW and Yersinia media added according to travel, shellfish exposure, lymphadenitis or related details.
Synnovis - new	EntericBio molecular testing, with culture performed after a positive molecular result except for Campylobacter. Synnovis comments define GP2 and diagnostic panel targets and provide organism-specific wording for Campylobacter, VTEC and Shigella.
What is changing	• Primary detection changes from broad culture-first testing to molecular-first testing. • Culture becomes reflex/confirmatory following a positive EntericBio result, except for Campylobacter. • The target range is defined by the selected molecular panel and includes bacterial and parasitic targets. • New molecular-method interpretation and positive-target comments are introduced. • Travel/exposure-triggered addition of TCBS/APW and Yersinia culture is not described as the primary approach. • All GPs get GP2 panel if histolytica, yersinia or vibrio suspected, extended panel is added

5. Chlamydia / gonorrhoea PCR

Pathology First - current	Aptima urine, endocervical or vaginal specimens tested on the Hologic Panther. A comment notes that rectal, throat and eye specimens are outside the manufacturer-licensed specimen types listed.
Synnovis - new	Synnovis fields for sample type, method/plate set and antibiotic panel are blank. New reporting comments are provided for indeterminate CT/GC results and first positive gonorrhoea results.
What is changing	• New comments require a repeat specimen after an indeterminate result. • A first positive N. gonorrhoeae molecular result prompts gonococcal culture and susceptibility sampling. • Standard Aptima collection tubes for swabs and urines. • Hologic Panther using Aptima swab or urine Aptima media

6. Trichomonas

Pathology First - current	HVS and endocervical swabs are processed when clinical details suggest infection. Testing uses liquid culture in a microtitre plate. Positive and delayed-processing comments are available.
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Synnovis - new	Synnovis sample type and method fields are blank; the reporting-comment cell contains no substantive wording.
What is changing	Will continue but be PCR - Hologic Panther using Aptima swab or urine Aptima media, TAT in line with CT/GC testing

7. Cryptosporidium

Pathology First - current	Faecal specimens examined using auramine fluorescent stain.
Synnovis - new	Faecal specimens tested by EntericBio molecular assay.
What is changing	- Method changes from fluorescent microscopy/staining to molecular detection. - Sample type remains faeces.
Clarification status	No material clarification identified from the first worksheet.

8. Routine wound culture

Pathology First - current	Swabs cultured on CBA, CLED, CNA and ARIA/neomycin biplate, with SAB added where fungal infection is suspected. A comment may state that an isolate is probable colonisation and of doubtful clinical significance.
Synnovis - new	Swabs cultured on BA, MacConkey, CNA and Aria Neo. Antibiotic panels are referenced separately. No equivalent colonisation comment is listed.
What is changing	- Sample type remains swab although the collection will move to liquid swabs. - Plate set changes: CBA/CLED are replaced by BA/MacConkey within the listed routine set; CNA and Aria Neo remain represented. - Routine conditional addition of SAB for suspected fungal infection is not stated.

9. Lower respiratory culture

Pathology First - current	Sputum cultured on CBA with optochin and CHOC with bacitracin; CLED and SABC are added for COPD/immunocompromised patients.
Synnovis - new	Sputum cultured on BA with optochin, chocolate with bacitracin and MacConkey. SAB is added for immunocompromised patients. CF specimens receive additional Pseudomonas-selective, MRSA and Burkholderia media. New comments address Candida colonisation and storage/susceptibility testing of Aspergillus isolates.
What is changing	- Base media change includes addition of MacConkey. - Bronchiectasis triggers 7 day fungal culture - Immunocompromised specimens receive SAB. - A defined cystic-fibrosis plate set is introduced. - New interpretive comments are introduced for Candida and Aspergillus.

10. Ova, cysts and parasites

Pathology First - current	Stool and sellotape-slide specimens processed using Apacor Midi Parasep.
Synnovis - new	Faeces and sellotape slide. EntericBio molecular assay is used alongside Apacor Midi Parasep.
What is changing	- Molecular testing is added to the existing concentration/microscopy preparation pathway. - Crypto and Giardia in panel, manual OCP with Foreign travel excluding Europe and North America. Persistent diarrhoea, eosinophilia and chronic diarrhoea also trigger manual OCP - Terminology changes from stool to faeces; sellotape slide remains accepted.

11. Mycology

Pathology First - current	Nail, hair and skin specimens cultured on SAB with chloramphenicol and SAB with actidione. Incubation is three weeks when microscopy is positive and two weeks when negative (all samples have microscopy)
Synnovis - new	Accepted sample types expand to nails, hair, skin, swabs and brushes. Nails are tested by Dermagenus molecular assay. Other sample types retain the microscopy-dependent three-week/two-week culture timeline.
What is changing	- Accepted specimen range expands to swabs and brushes. - Nail testing changes from culture media to a Dermagenus molecular assay. - The existing microscopy-dependent incubation periods remain stated for non-nail specimens. - Positive, pathogen reported no culture. Negative microscopy and neg PCR, no culture. Microscopy positive cultured for 2 weeks. Moulds manual ID, yeast MaldiToF ID

12. Ear culture

Pathology First - current	Swabs cultured on CBA, CLED, BACH and CNA/SAB, with ARIA/NEO where otitis media is suspected.
Synnovis - new	Swabs cultured on BA, chocolate, CNA/MacConkey biplate, Aria Neo and SAB.
What is changing	- Sample type remains swab and all receive full plate set - Plate set changes substantially, including replacement of CLED/BACH and routine inclusion of chocolate, MacConkey, Aria Neo and SAB in the listed set. - The conditional otitis-media trigger is not stated; Aria Neo appears in the routine listed panel.

13. Throat culture

Pathology First - current	Routine CBA incubation for 48 hours; persistent infection receives CBA for 72 hours plus ARIA/NEO. Antibiotic reporting is limited to Group A streptococcus and staphylococcus using the wound panel.
Synnovis - new	BA only is listed, with antibiotic panels referenced separately.
What is changing	- Culture medium is simplified to BA in the table. - Persistent sore throat adds anaerobic plate and 7 days incubation, routine 48 hours incubation - Susceptibility results will be reported as Group A,C,G BHS, diphtheria - Antibiotic reporting will follow the Synnovis panel rather than the stated Pathology First wound-panel rule.

14. C. difficile screen

Pathology First - current	Stool tested using TechLab C. diff Quik Chek Complete. Testing is performed on request in patients over 65 or receiving broad-spectrum antibiotics.
Synnovis - new	Faeces tested by EntericBio molecular assay, with C. diff Quik Chek used when positive. New comments distinguish toxin B positive/EIA positive, toxin B negative, toxin B positive/EIA negative and invalid results.
What is changing	- Workflow changes from direct Quik Chek testing to molecular screening with reflex Quik Chek after a positive result. - Result interpretation becomes more granular, distinguishing toxigenic carriage from toxin detection.

15. Vulval swab

Pathology First - current	Swabs cultured on CNA/SAB biplate. Uses the genital-culture antibiotic panel and comments regarding STI sampling, GBS and S. aureus.
Synnovis - new	Swabs cultured on BA, GBS selective medium and CNA/SAB biplate. New GBS and S. aureus comments match the Synnovis genital-culture wording.
What is changing	• Sample type remains swab. • BA and GBS selective media are added. • GBS and S. aureus reporting comments are rewritten. • The current GC/chlamydia/PID sampling reminder will not comment

16. Cervical swab

Pathology First - current	If an HVS is also received, the cervical swab receives VCAT only; a single cervical swab receives VCAT plus CNA/SAB.
Synnovis - new	Swabs receive BA and CNA/SAB biplate; VCAT is added only when gonorrhoea is suspected, and a gel swab is required. GBS and S. aureus comments are introduced.
What is changing	• Processing is no longer described according to whether an HVS accompanies the cervical swab. • BA is added to the listed routine set. • VCAT becomes conditional on suspected gonorrhoea rather than routinely applied to the single-swab pathway. • A gel swab requirement is explicitly stated for suspected gonorrhoea. • New GBS and S. aureus interpretive comments are listed.

17. Eye culture

Pathology First - current	Swabs cultured on CBA and CHOC; VCAT plus Gram stain is added for neonates.
Synnovis - new	Swabs cultured on BA and chocolate agar.
What is changing	• Base media terminology changes from CBA/CHOC to BA/chocolate. • All eyes get Gram stains, <10 day old gets VCAT

18. Mycobacteria culture

Pathology First - current	Sputum processed at a reference laboratory using BD MGIT and/or an LJ slope when atypical infection is suspected.
Synnovis - new	Sputum processed at a reference laboratory using both BD MGIT tube and LJ slope.
What is changing	• Sample type and referral status remain unchanged. • The wording changes from MGIT and/or conditional LJ slope to MGIT plus LJ slope as the listed standard set.

19. Mouth culture

Pathology First - current	Swabs cultured on CBA and SAB. Susceptibility reporting is limited to Group A streptococcus and staphylococcus using the wound panel.
Synnovis - new	Swabs cultured on BA and SAB. Antibiotic panels are referenced separately.
What is changing	• Sample type and broad plate set are essentially unchanged apart from CBA-to-BA terminology. • Antibiotic reporting will follow the Synnovis panel rather than the stated Pathology First wound-panel rule. • Do not perform susceptibilities routinely – Candida will be routinely released

20. MRSA screen

Pathology First - current	Swabs cultured using Oxoid Brilliance medium; antibiotic handling follows the wound-culture approach.
Synnovis - new	Swabs cultured using Oxoid Brilliance medium; antibiotic panels are referenced separately.
What is changing	• Sample type remains swab. • Antibiotic/reporting rules move to the Synnovis panel.
Clarification status	No material clarification identified from the first worksheet.

21. Chlamydia confirmation

Pathology First - current	Aptima urine, endocervical or vaginal specimens tested on Hologic Panther.
Synnovis - new	The same specimen types are listed, but no Synnovis method is provided. The comment states "N.A - result not reported".
What is changing	• Accepted specimen types are unchanged. • Confirmatory testing is using higher specificity assay on the same platform and methodology - Hologic Panther using Aptima swab or urine Aptima media, TAT in line with CT/GC testing confirmatory testing

22. Nose culture

Pathology First - current	Swabs cultured on CBA; antibiotic handling follows the wound-culture approach.
Synnovis - new	Swabs cultured on BA; antibiotic panels are referenced separately.
What is changing	• Culture medium changes from CBA to BA. • Sample type remains swab. • Susceptibility reporting moves to the Synnovis panel.

23. In-house norovirus

Pathology First - current	Stool tested in-house using GeneXpert.
Synnovis - new	Stool remains the specimen type, but no method/platform is supplied. Separate comments are described for norovirus 1 and 2, including known positive, first positive-at-limit-of-detection (PLOD), prior positive then PLOD, and repeated PLOD scenarios.
What is changing	• Reporting becomes more detailed and history-dependent, particularly for low-level detections within 90 days. • Assay is an in-house locally developed, qualitative real-time reverse transcriptase PCR as gastrointestinal virus screen