BGL Pathology Repatriation: Frequently Asked Questions

These FAQs provide answers to some of the common questions about the repatriation of pathology services for Bexley, Greenwich and Lewisham (BGL) to Synnovis.

More detailed information about the transition, including service user communications, guidance and supporting resources, is available on the **BGL Pathology Repatriation** webpages.

Further information:
https://synlab.co.uk/synnovis/service-user-resources/bgl-repatriation/
https://synlab.co.uk/synnovis/service-user-resources/primary-care-resources/bgl-service-user-updates/

When will pathology services transfer to Synnovis?

The repatriation will take place in two phases:

- **Bexley:** 1 September 2026
- **Lewisham and Greenwich:** 14 September 2026

These dates mark the introduction of the relevant Synnovis ordering catalogues and laboratory processes.

Will the Blackfriars Hub services be UKAS accredited?

The services will initially be reported as outside the Blackfriars Hub's current UKAS-accredited scope while the accreditation extension process is completed. This is a temporary position associated with transferring testing to a new laboratory location and does not represent a change to the quality standards applied to testing. The accreditation extension process is underway and you can find further information here.

Which swab should I use for microbiology and virology testing?

The appropriate swab will depend on the investigation requested:

- **Purple cap liquid swab:** general microbiology culture, including wound, nasal, genital and throat samples.
- **Red top viral transport medium:** continue to use for virology requests, including respiratory viruses.
- **Aptima swabs:** use for NAAT testing for Chlamydia, Gonorrhoea, Trichomonas vaginalis and Mycoplasma genitalium.
- **Black cap Gel Amies Charcoal swab:** use when a gonorrhoea culture is specifically required.

For sexual health screening, NAAT testing using the appropriate Aptima collection kit should be used.

What urine collection tubes should practices use?

Two boric acid urine collection systems are approved:

BD Vacutainer system
This uses a collection cup with an integrated transfer device and a vacuum boric acid preservative tube.

Sarstedt Monovette system
When using this system, urine should initially be collected into a sterile plain white universal container before being transferred to the boric acid Monovette tube.

Will red-topped boric acid universal containers still be accepted?

Yes. During the transition, samples received in red-topped boric acid universal containers will continue to be processed while practices use up small amounts of existing stock. Practices should not order additional large quantities of the existing containers as the transition approaches.

What will change for urine microscopy and culture?

Urine samples submitted for culture will undergo automated analysis using the Sysmex analyser.

White cell and bacteria counts will be used to determine whether culture is required. Where appropriate, microscopy and culture results will be released to primary care together.

What will change for faeces and Ova, Cysts and Parasites testing?

Faeces testing will use the **EntericBio Gastro Panel 2 (GP2) PCR**, which detects a range of bacterial and parasitic pathogens.

Ova, Cysts and Parasites requests will automatically receive the GP2 PCR panel. Manual microscopy will be reserved for cases where there is an appropriate clinical indication, including relevant travel history, eosinophilia or persistent diarrhoea.

Further information on individual investigations is available through the Synnovis test database.

Will C. difficile testing change?

C. difficile testing will use a two-stage process. Samples will initially be screened for the Toxin B gene using EntericBio, with positive results followed by confirmatory Toxin A/B testing.

Will dermatophyte testing change?

Nail samples will be tested using Dermagenius PCR. Skin and hair samples will continue to be processed using microscopy and culture.

How do I contact the microbiology or mycology clinical team?

From **14 September 2026**, microbiology and mycology clinical escalation arrangements will align with the relevant local NHS Foundation Trust. Borough-specific contact details are available through the BGL service user webpages. Until the new arrangements take effect, practices should continue to use their existing clinical escalation routes.