Awanui Labs

THE SCOPE

Awanui Labs Northern - Pathology news

Introduction to the Scope December 2025

Kia ora and welcome to our final Scope edition for 2025

In this edition you'll find a number of clinical articles advising best practice with regards to faecal calprotectin, faecal H pylori, androgen testing and the value of sputum culture and lower respiratory tract infections. A large amount of work and consultation has gone in to producing these recommendations and I would like to thank my colleagues at LabPlus and Hospital & Specialist Services for their continued effort to ensure best practice testing for our region.

As we wrap up another successful year we would like to take this opportunity to wish you and your loved ones a very Merry Christmas and a prosperous year ahead. Thank you for your continued support and partnership.

Requestor Information Policy

A Small Detail With a Big Impact

Ensuring complete and accurate requestor information on pathology forms is essential for timely testing, accurate reporting, and maintaining patient safety. Missing details remain one of the most frequent causes of processing delays, follow-up calls, and difficulty reaching clinicians for critical results. It also helps us meet our responsibilities under the NZ Privacy Act 2020 and HISO data standards.

Key Requirements for Requestors

All healthcare professionals submitting pathology requests must ensure their full name, service/department, and appropriate contact information are recorded. For locum clinicians without a laboratory doctor code, this includes their full name, practice or department, after-hours contact details, and signature where required. Requestors who have been issued a doctor code must also ensure their details are correctly recorded, especially when using electronic systems such as eOrders, PMS, or ERMS. If system autofilled information is outdated or incorrect, please contact us on auk.prac.info@awanuilabs.co.nz to update your details.

Delegated and Urgent Requests

We recognise that nurses and admin staff often submit requests on behalf of clinicians. In these cases, the requesting clinician's details–including their HPI-CPN where relevant–must still be provided to meet mandatory requirements. For urgent or time-sensitive requests, please clearly mark the priority and include a direct contact number. Note that practice landlines are often unhelpful after hours and may delay critical communication.

What Happens When Details Are Missing?

Requests submitted without essential requestor information may be delayed or returned for clarification, which can impact urgent and routine patient care. In some cases, incomplete information may lead to escalation or clinical incident reporting if patient safety is affected. To support continuous improvement, our teams carry out regular audits to monitor compliance and will follow up with requestors where repeat issues occur.

Faecal Calprotectin testing service at LabPLUS: revised acceptance criteria

Due to a skyrocketing increase in the number of Faecal calprotectin requests received from the region, from 3/11/2025 specific measures have been implemented at LabPLUS to better manage the demand:

A. Age <16 years (children)

Request only after history review:
-Persistent gastrointestinal symptoms for >6 weeks
-Stool sample for gut infection is negative
-For infants (<1 year), requires prior approval by a paediatric gastroenterologist

One or more of the following is (are) required for the test to be approved:

- First sample: to distinguish functional gastrointestinal disorder from Inflammatory Bowel Diseases (IBD)
- First sample: positive family history of IBD
- History of IBD (minimal re-order interval: 4 weeks)
- Previous result was below age related reference limit but no symptom improvement after conservative management (minimal re-order interval: 4 weeks)
- Previous sample: insufficient / inappropriate or sample labelling error
- Specialist gastroenterologist request or approval

Samples will not be retested within 4 weeks of the last faecal calprotectin request, irrespective of the history.
This rule will not apply to equivocal, insufficient, inappropriate, sample labelling error or too watery samples.
These samples will be declined with a comment and stored for seven days before discard.

To seek approval to reinstate a declined request, the requestor should contact the Chemical Pathologist on call at LabPlus via Lablink at 09-3074949 ext. 22000 or email chemicalpathologist@adhb.govt.nz within 7 days from the date of sample receipt at LabPlus, otherwise the sample will be discarded.

B. Age ≥16 years (adults)

Request only after history review*:
-Persistent gastrointestinal symptoms for > 6 weeks. If infection, diverticular disease or H. Pylori is suggested, do not check calprotectin but focus on testing for the pathological condition(s) – see regional guidelines. If high suspicion of rapid onset (<6 weeks) Inflammatory Bowel Disease (IBD), discuss with gastroenterologist.

One or more of the following is (are) required for the test to be approved:

- First sample: to distinguish functional bowel (or IBS) from Inflammatory Bowel Diseases (IBD); or positive family history of IBD
- History of IBD (minimal re-order interval: 4 weeks). Stable IBD patients usually only require 1x/year testing
- Previous negative result (<50ug/g) but IBS-like symptom not improved (minimal re-order interval: 3 months)
- Previous sample: insufficient / inappropriate or sample labelling error
- Specialist gastroenterologist request or approval

**Although faecal calprotectin can be raised in colorectal cancers, it is NOT sensitive enough in excluding colorectal cancers even if <50ug/g. Follow your regional health pathways for bowel cancer detection (screening or symptomatic).*

Samples will not be retested within 4 weeks of a previous positive result
Samples will not be retested within 3 months of a previous negative result
These rules will not apply to equivocal, insufficient, inappropriate, sample labelling error or too watery samples.
Samples will be declined with a comment and stored for seven days before discard.

To seek approval to reinstate a declined request, the requestor should contact the Chemical Pathologist on call at LabPlus via Lablink at 09-3074949 ext. 22000 or email chemicalpathologist@adhb.govt.nz within 7 days from the date of sample receipt at LabPlus, otherwise the sample will be discarded.

Faecal H. Pylori antigen testing service at LabPLUS: revised acceptance criteria

Due to a skyrocketing increase in number of faecal H. Pylori Antigen (Ag) requests received from the region, from 3/11/2025 specific measures have been implemented at LabPLUS to better manage the demand:

A. Age <16 years (children)

One or more of the following is (are) required for the test to be approved:

- Ascertain status after eradication therapy (minimal re-order interval: 4 weeks post completion of the course)
- Family history of gastric cancer in first degree relative(s)
- Specialist gastroenterologist request or approval

Note:
The test is rarely indicated for documentation of infection in children. H. pylori is often acquired in infancy through faecal-oral route as an asymptomatic commensal organism, with a higher incidence of carriage in young people of Pacific Island, Māori and Asian ethnicity, economically disadvantaged and refugees. On the other hand, non-specific abdominal pain is common in childhood and may co-exist with H. pylori carriage which after being treated does not necessarily improve outcome of the abdominal pain. Asymptomatic household contacts (including children) do not routinely require screening or treatment.

Patients under age 16 with symptoms consistent with:
a. Peptic ulcer disease (left upper quadrant pain that may be exacerbated with eating and may occur nocturnally), or
b. Recurrent iron deficiency (that re-occurs after treatment and establishment of an iron sufficient diet) with no other source of blood loss evident.
- should be referred for consideration of upper GI endoscopy and biopsy.

Samples will not be retested within 4 weeks of a previous positive result
Samples will not be retested within 3 months of a previous negative result

These rules will not apply to equivocal, insufficient, inappropriate, sample labelling error or too watery samples.
Samples will be declined with a comment and stored for seven days before being discarded.

To seek approval to reinstate a declined request, requestors should contact the Chemical Pathologist on call at LabPlus via Lablink at 09-3074949 ext. 22000 or email chemicalpathologist@adhb.govt.nz within 7 days from the date of sample receipt at LabPlus, otherwise the sample will be discarded.

Further information can be found in the Starship Clinical Guideline – Helicobacter Pylori (H.Pylori) infection - Assessment and management of H.Pylori infection in childhood (age <15 years) – last published 6/12/2023 (accessed via: https://www.starship.org.nz/guidelines/helicobacter-pylori-h-pylori-infection/).

B. Age ≥16 years (adults)

H. Pylori Ag test will ONLY be approved if it meets at least one of the following criteria:

- Never had H. Pylori Ag test
- Previous negative H. Pylori Ag result **(minimal re-order interval: 3 months)**
- Previous equivocal H. Pylori Ag result
- Previous positive H. Pylori diagnosis **(minimal re-order interval: 4 weeks post completion of course)**
- Previous sample: insufficient / inappropriate or sample labelling error

The decision to request for H. Pylori Ag test should be independent of considerations to refer for Adult Gastroenterology assessment e.g for gastroscopy. For details, please refer to "Auckland Region Community HealthPathways – Dyspepsia and Heartburn / GORD"

Samples will not be retested within 4 weeks of a previous positive result
Samples will not be retested within 3 months of a previous negative result
These rules will not apply to equivocal, insufficient, inappropriate, sample labelling error or too watery samples.
Samples will be declined with a comment and stored for seven days before discard.

To seek approval to reinstate a declined request, the requestor should contact the Chemical Pathologist on call at LabPlus via Lablink at 09-3074949 ext. 22000 or email chemicalpathologist@adhb.govt.nz within 7 days from the date of sample receipt at LabPlus, otherwise the sample will be discarded.

Changes to androgen requesting

Summary:
Weak androgen tests include 17OH-progesterone (17OHP), dehydroepiandrosterone sulphate (DHEAS) and androstenedione (ASD). These are expensive tests to perform. An audit of requests showed very little diagnostic value of these tests for investigation of common complaints such as hirsutism, acne or alopecia unless there was clear reason to suspect an unusual cause.
From 15th December 2025 funded requests of these tests in adults will require approval by a specialist endocrinologist, O&G specialist, fertility specialist, dermatologist or chemical pathologist.
Tests in children are approved for investigation of premature adrenarche, however discussion with a paediatric endocrinologist is also encouraged
DHEAS is not funded for 'wellness' reasons. Dihydrotestosterone is only approved by endocrinologist requests.
There is no restriction on total testosterone or SHBG. However, unless testosterone is marginal SHBG adds little to the assessment of the patient and is discouraged. SHBG can be subsequently requested if it would add diagnostic value.

Why are weak androgens measured, and is there clinical value?

The tests 17-hydroxyprogesterone (17OHP), androstenedione (ASD) and dehydroepiandrosterone sulphate (DHEAS) are commonly referred to as 'weak androgens'. They are steroid hormones with a modest 'androgenic' action, binding to the testosterone receptor less actively than testosterone. They are not infrequently requested in the primary care evaluation of hirsutism/acne, oligo- or amenorrhoea, and PCOS in women, and for limited select other reasons.

These tests are expensive, especially 17OHP and ASD, which require measurement by liquid chromatography and mass spectrometry and are very time and resource intensive. Conversely their measurement has very limited clinical value except in unusual settings.

In the large majority of presentations these tests add very little to testing testosterone. Measurement should be restricted to limited presentations such as severe and/or early hirsutism and menstrual disturbance, possible late onset 'non-classical' congenital adrenal hyperplasia (NCCAH), adrenal/ovarian tumours, or patients with features to suggest Cushing's syndrome.

While international criteria for PCOS suggest considering and excluding these possibilities, regional endocrinologists recommend this should be based on clinical suspicion after discussion with an endocrinologist or chemical pathologist. Such pathologies are rare, and do not justify routine expensive hormone measurement in the large majority of low risk cases.

Regional audit shows low clinical utility of routine measurement of these tests in primary care.
An audit of requests of requests in women age 16 and over (from 2023) showed the following:

- only 5.6% of over 800 DHEAS results were high, the large majority only marginally. Only 1.3% of almost 1000 requests for 17OH-progesterone were high; no androstenedione results were high
- the commonest reasons for raised DHEAS and/or 17OH-progesterone were early pregnancy or testing an unwell patient, i.e. they were misleading and otherwise explainable
- *there were no clear cases where measuring these hormones altered a diagnosis of PCOS when conventional investigation using testosterone and ultrasound was followed*
- three patients already had CAH diagnosed in childhood and were under specialist care; no new cases were found
- there were no new cases of virilizing tumours or Cushing's were identified by them

Requests in children and other groups
Indications for measurement of these hormones in men are very rare, mainly in the evaluation of Cushing's syndrome and patients under evaluation/monitoring for congenital adrenal hyperplasia.
These tests are also not useful, and are not indicated, in management of patients undergoing gender reassignment.
DHEAS is often requested as a 'wellness' test in otherwise healthy patients. It is not be publicly funded and testing is not approved for this reason.

New testing restrictions for 17OHP, ASD, DHEAS

From 15th December 2025 new guidance and testing restrictions will apply.
In adults (>15yr) these tests will be restricted and only performed when requested by or approved by endocrinologists, O&G specialists, reproductive medicine specialists, dermatologists, and chemical pathologists.
In children (≤15yr) requests will be approved for evaluation of premature adrenarche. However, requestors are encouraged to consult Health Pathways guidance and discuss with a specialist paediatric endocrinologist.
Requests for 'wellness' or other reasons without approval by one of the above specialists require patient to pay.

In children these tests are very important in the evaluation of premature adrenarche (puberty), when one of the above potential causes conditions such as congenital adrenal hyperplasia, other rare disorders of steroid metabolism, and adrenal/ovarian tumours are being considered.

Dihydrotestosterone (DHT)
Dihydrotestosterone (DHT) is another androgen where measurement is very rarely indicated and very expensive.
It has no place in the evaluation of common endocrine disorders such as hirsutism or acne, alopecia, monitoring of treatment of prostate cancer, or gender reassignment.

Changes to androgen requesting... *continued*

The sole indication is in the evaluation of disorders of sexual differentiation and only requests by endocrinologists are approved.

SHBG and free testosterone

There are no restrictions on requesting testosterone, the most important androgen. However, for adults over 16 years, measurement of SHBG and calculated free testosterone adds very little clinical value unless the total testosterone is close to the cutoff for diagnosis of hypogonadism in men (range 6.1-14.9 nmol/L) or hyperandrogenism in women (range 1.4-4.9 nmol/L).

Routine testing of SHBG and free testosterone is therefore discouraged. Measurement of SHBG can be added by the laboratory if the total testosterone is marginal, but otherwise adds little clinical value.

Dr Cam Kyle
095747399
Cam.Kyle@awanuilabs.co.nz

Sputum culture: limited value in LRTI management

Background: The impact of sputum culture in informing patient management in the community is very limited. This is because 1) getting an adequate sample is challenging and 2) the oropharynx is heavily colonized with bacterial flora that are generally the same organisms that cause lower respiratory tract infection (LRTI). Because of this most sputum cultures in patients with LRTI do not identify a predominant organism above the background flora. Conversely the reporting of named organism on a sputum culture does not in itself indicate or establish a diagnosis of LRTI in patients with a clinically uncertain diagnosis.

Guidelines: BpacNZ and ATS / IDSA guidelines recommend not routinely performing microbiological testing / sputum culture in adults and children with suspected community acquired pneumonia (CAP) being managed in the community setting.[1,2] While the 'COPD-X Plan: Australian and NZ Guidelines for the Management of COPD 2024' only recommends sputum culture when an infection is not responding to antimicrobial therapy or when a resistant organism is suspected.[3] Similarly, Auckland Region Community HealthPathways does not recommend routine sputum culture for mild CAP in adults or COPD exacerbation unless unresponsive to first line antimicrobials.[4,5]

Local data: A review of a sample of sputum specimens submitted to Awanui Labs demonstrated that culture was either not performed due to oral contamination or was reported as respiratory tract flora in 76.3% of specimens, while a named organism was reported in only 23.7%. A seeming misunderstanding of sputum cultures ability to diagnosis LRTI was also apparent, with only 59.2% of patients prescribed antimicrobials for LRTI before the sputum result was reported.

Conversely, the reporting of a named organism was a likely promoter of inappropriate antimicrobial use with 83.3% of untreated patients prescribed an antimicrobial if a named organism was reported, compared to 16.7% of those where culture was not performed due to contamination or when respiratory flora was reported.

Recommendation: Sputum culture should not be routinely performed in adult patients with mild CAP or a COPD exacerbation being managed in the community. Culture may be considered if the patient fails initial empiric therapy, or has bronchiectasis or cystic fibrosis, or on the advice of a respiratory specialist. Note that sputum culture does not assist in detecting atypical organisms such as Legionella or Mycoplasma pneumoniae, which in the community should be managed empirically with a macrolide antimicrobial.

References:

1. BpacNZ. The management of community acquired pneumonia. https://bpac.org.nz/2024/pneumonia.aspx
2. Metley PM, et al. Diagnosis and treatment of adults with community acquired pneumonia. An official clinical practice guideline of the American Thoracic Society and Infectious Diseases Society of America. Am J Respir Crit Care med. 2019.
3. Yang IA, et al. The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease 2024. Version 2.76, September 2024. Published online 16 November 2024 https://copdx.org.au/copd-x-plan/
4. Auckland Region Community HealthPathways. Community acquired pneumonia (CAP) in adults
5. Auckland Region Community HealthPathways. Acute exacerbation of COPD.

Dr Matt Blakiston
095747399
Matthew.Blakiston@awanuilabs.co.nz

Northland Key Contacts (09) 438 4243

Results		Press '1'	24 hours/7 days per week
Test Bookings	Book online through www.awanuilabs.co.nz	Press '2'	
Home Visits	Email nth.homevisits@awanuilabs.co.nz If the home visit cannot be booked for the date requested Home Visits staff will contact the referrer to arrange an alternative date. Phone enquiries to (09)438 4243	Press '3'	Mon-Fri: 8:00am to 3:00pm
Stores	nth.stores@awanuilabs.co.nz	Press '4'	Mon-Fri 8:00am to 5:00pm
Other Enquiries	nth.admin@awanuilabs.co.nz	Press '5' or Hold the line	Mon-Fri 8:00am to 6:00pm
E-orders Helpline	Email: helpdesk@eorder.co.nz	0508 37 37 83	

Auckland Key Contacts (09) 574 7399

Results		Press '1'	24 hours/7 days per week
Courier		Press '2'	24 hours/7 days per week
Home Visits	Email to auk.home.visits@awanuilabs.co.nz (preferred) If the home visit cannot be booked for the date requested Home Visits staff will contact the referrer to arrange an alternative date.	Press '3'	Mon-Fri: 8:00am to 6:00pm Sat: 8:00am to 12:00pm
Special test bookings		Press '4'	Mon-Fri 8:00am to 6:00pm
Other Enquiries		Hold the line	Mon-Fri 7:00am to 11pm Sat-Sun 8:00am to 7:00pm
Add on tests	Requests for add on tests can be emailed to: call.centre@awanuilabs.co.nz		Note: some add on tests may require pathologists' approval.
Consumables orders	To enquire about consumables orders	Press '2'	Mon–Fri 07:00am to 3:30pm
Dedicated line for practitioners to access all results (24/7)		(09) 574 7398	

Pathologists:

Medical Director: Dr Lesley Overend

ph (09) 574 7398

Lesley.Overend@awanuilabs.co.nz

Chemical Pathologists	Haematologists	Microbiologists
Dr Charles Ng Charles.Ng@awanuilabs.co.nz	Dr Lesley Overend Lesley.Overend@awanuilabs.co.nz	Dr Ranmini Kularatne Ranmini.Kularatne@awanuilabs.co.nz
Dr Melissa Yssel Melissa.Yssel@awanuilabs.co.nz	Dr Fransisca De Silva Fransisca.Desilva@awanuilabs.co.nz	Dr Matt Blakiston Matthew.Blakiston@awanuilabs.co.nz
Dr Cam Kyle Cam.Kyle@awanuilabs.co.nz	Dr Kim Nash Kim.Nash@awanuilabs.co.nz	Dr Aakash Chhibber Aakash.Chhibber@awanuilabs.co.nz

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai — Anatomic Pathology Service Mount Wellington

The contact number for Anatomic Pathology Mt Wellington is:
Phone (09) 302 0516

Awanui Labs