

THE SCOPE

Awanui Labs Northern - Pathology news

Editorial: Dr Lesley Overend / School Holiday hours	Page 1	Upcoming change to Coagulation testing platform	Page 3
Introduction to our new General Manager	Page 2	Herpes Simplex Virus Antibody Testing (HSV Serology)	Page 4-5
New Kleihauer Request Form	Page 2	Liver Autoantibodies	Page 5-7

Introduction to the Scope September 2026



Kia ora and welcome to the September edition of the Scope. We are delighted to welcome Jan Tew as our new General Manager. Jan brings a wealth of laboratory and service improvement

experience, and we are very much looking forward to working with her as she settles into her new role. In this edition, we highlight several important updates for referrers,

including changes to liver autoantibody testing and Herpes simplex virus antibody testing (HSV serology), guidance on the use of the dedicated Kleihauer request form, and information about an upcoming change to the coagulation testing platform. With the school holiday period approaching, we have also included a link to the published reduced Collection Centre opening hours, so please take a moment to familiarise yourself with these changes.

School Holiday hours

As we approach the upcoming school holiday period, we would like to inform you of temporary adjustments to our collection services across Auckland from 26th September to Sunday, 11 October 2026.

During school holidays we typically see a reduction in patient demand. To support efficient service delivery during this period, a small number of collection centres will not operate.

This will affect the following centres:

- Otara
- CBD
- Onehunga
- Panmure,
- Beach Haven
- Takapuna

All other collection centres will remain operational during this time.

Thank you for your understanding and continued support.

Introducing our new General Manager - Jan Tew



I am delighted to introduce myself as the new General Manager for Awanui Labs Northern Region.

As a Medical Laboratory Scientist with 25 years of experience across New Zealand and the United Kingdom, along with senior leadership experience within Health New Zealand I am looking forward to this next stage of my career.

I have been passionate about improving laboratory services, supporting our people, and ensuring patients receive the highest quality care and look forward to what we can achieve together.

What excites me most about this role is the opportunity to work alongside our talented laboratory teams and healthcare partners to

continue strengthening the vital services we provide. I believe in a collaborative, people-centred approach to leadership, built on strong relationships, open communication and continuous improvement.

I would also like to extend a heartfelt thank you to everyone who has already reached out to welcome me. I have greatly appreciated the warm reception, and I look forward to meeting you all in person.

As I settle into the role, I am to get out and about across the Northern Region connecting with our teams and referrers.

I look forward to building strong relationships with you as we work together to deliver the best possible outcomes for our patients and communities.

New Kleihauer Request Form

As discussed and consulted with your services over the last 9 months the Haematology Lab is introducing a change in ordering the Kleihauer test. This is aimed at streamlining and avoiding unnecessary testing while adhering to local and regional guidelines. We hope this will result in a more rational use of the lab resources and would ultimately lead to cost savings for both Women's health and laboratory services.

The Kleihauer test shall be ordered through a specific request form.

The form is available on Hippo as a PDF fillable request form (ID 44330) and orderable on FPIM (ID 44329).

For a PDF fillable form please go to Hippo >Forms and Templates> Clinical Forms Library and search for Kleihauer or CC 7654 then download the PDF (use Google Chrome).

For more details, please refer to the LabPLUS Test guide.

Kleihauer Request Form		Health New Zealand Te Whenua Ora	LabPLUS	Copy to:	
BAR CODE Lab Use Only		Family Name	First Name	Received Lab	
		NHI Number	Gender		Date of Birth
		Ward			
Is Taken		AFFIX PATIENT LABEL			
Is Taken		ALWAYS INDICATE NO. OF SAMPLES COLLECTED			
Vector:		EDTA			
INDICATIONS / INDICATION FOR TESTING					
Testing will not be performed: - unless meeting one of the indications below (please tick) - if full contact details are not provided					
Dosing of RhD immunoglobulin in RhD negative women					
☐ Post Delivery NHI of newborn					
☐ Following a sensitising event at >20 weeks gestation					
assess fetal welfare (regardless of RhD status):					
☐ Persistent decreased fetal movement >28 weeks gestation AND ultrasound not available within 24 hours					
☐ Decreased fetal movement with abnormal CTG and not planning delivery					
☐ Unexplained fetal hydrops or Severe fetal anaemia					
☐ Near term fetal death or Unexplained still birth					
RED INDICATIONS (please refer to Test Guide and specify indication below)					
Client/Middle Ordering Tests					
NAME IN BLOCK LETTERS		Mobile Number			
Signature		Date			

Upcoming change to Coagulation testing platform

Executive Summary

Awanui Labs Auckland and Northland are transitioning from Siemens to Stago technology for Coagulation testing, with implementation planned for 11th November 2026.

This change represents a significant investment in the quality, reliability and sustainability of our Coagulation service and will align our testing platform with other Health New Zealand laboratories.

Background

The current Siemens platform uses optical clot detection technology, which can be affected by factors such as haemolysis, lipaemia and certain medications. These interferences can impact result interpretation and may occasionally contribute to delays in reporting.

The Stago platform uses a mechanical clot detection system, which is less susceptible to these interferences and is widely regarded as the gold standard for routine Coagulation testing. The new platform is expected to improve the robustness and reliability of testing while supporting timely result delivery. Additional benefits of the Stago platform include:

- Access to an expanded range of Coagulation assays
- Evidence-based onboard algorithms and decision-support tools
- Enhanced middleware functionality, including improved support for peripheral laboratories
- Greater alignment with Coagulation testing platforms used across Health New Zealand laboratories, supporting future harmonisation initiatives

This is a quality improvement measure. The Stago platform will enhance operational efficiency and support the ongoing delivery of accurate and timely results within a sustainable, patient-centred service model.

Expected changes

The transition to the Stago platform involves significant changes to both instrumentation and reagents. A comprehensive verification and commissioning programme is currently underway within our Central region laboratories, and this will help guide our local implementation processes.

While further information will be provided closer to implementation, stakeholders should be aware of the following anticipated changes:

- Reference ranges are expected to change for a number of routine Coagulation tests
- Small differences in INR results may be observed due to the use of different thromboplastin reagents
- Reporting formats and interpretive comments may be updated
- During the initial implementation period there may be a temporary impact on turnaround times while staff become familiar with the new system

Stakeholder Communication

Further information, including detailed guidance on changes to testing, reference ranges and result interpretation, will be provided closer to the implementation date.

We will continue to keep stakeholders informed throughout the project and provide supporting educational material as required.

Herpes Simplex Virus Antibody Testing (HSV Serology)

Dr Gary McAuliffe, Clinical Microbiologist and Virologist,
Labplus, Auckland Hospital

Background

Herpes simplex virus (HSV) infection is very common in the community, with an estimated prevalence of 70–80% for HSV-1 and 12–15% for HSV-2. Most infections are mild or asymptomatic. Among younger people, 53% of primary genital herpes infections are now caused by HSV-1, reflecting changing transmission patterns.

Recommended Testing

For individuals with suspected active herpes infection where laboratory confirmation may be clinically useful, such as a first episode, PCR is the appropriate diagnostic test. PCR provides rapid, sensitive, and specific detection of HSV from lesion swabs.

Antibody Testing

Serological testing for HSV has been superseded by molecular methods. HSV antibody assays have sub-optimal sensitivity and specificity, and results can be misleading, particularly when used in the context of sexually transmitted infection assessment.

There is a common misconception that HSV serology is useful in pregnancy to investigate ultrasound abnormalities or fetal growth restriction such as in TORCH screens. HSV is not a cause of these prenatal syndromes, and serology does not assist in their evaluation. HSV antibody testing detects total antibodies to HSV-1 and HSV-2,

but antibodies may take weeks to months to develop after initial exposure, and results are prone to false positives and false negatives. For these reasons, HSV serology has very limited clinical utility. Acceptable indications are restricted to:

1. Pre-transplant assessment (used for recipient risk stratification).
2. Suspected first episode genital HSV infection in the third trimester of pregnancy, (seek Obstetric, Sexual Health or Clinical Microbiologist advice-as to whether serology may assist alongside PCR in assessing perinatal transmission risk.)

LabPlus Audit

In January 2026, LabPlus (Auckland Hospital), which performs HSV antibody and PCR testing for the community, audited HSV antibody requests over the preceding two years, comparing them with the New Zealand Microbiology Network Choosing Wisely recommendations.

The audit found that 67% of requests were inappropriate, based on clinical details such as: “TORCH”, “IUGR”, “Miscarriages”, “STI screen”, “Sore”, and “No information”. This demonstrates a misunderstanding of the role of HSV serology.

Item HSV Type Specific Antibodies

HSV Serology has limited utility and can only be used to indicate infection at some point in the past. It can take many weeks to develop detectable antibody after primary infection and some people may not seroconvert.

HSV Serology is **NOT recommended** in the following situations: investigating foetal abnormalities seen on ultrasound; or for the diagnosis of active HSV (a viral swab of lesions for HSV NAAT (PCR) is the test of choice).

Indication for testing:

☒ -- Choose one --

- ☐ Pregnant woman with ?first episode genital herpes from 30 weeks gestation onwards (alongside viral swab of lesions for HSV PCR)
- ☐ Pre bone marrow or organ transplant
- ☐ Self-funded testing (charge applies)

For further information or advice, contact the Virology Team at LabPlus: virology@adhb.govt.nz

Current Process at LabPlus

HSV antibody requests are now triaged using an algorithm aligned with acceptable indications. Requests that do not meet criteria are declined, with referrers offered clinical advice. The Clinical Virology team remains available for consultation, and recent discussions with general practitioners and midwives have been constructive in supporting alternative approaches.

Next Steps

In collaboration with Awanui, acceptable indications are now be embedded into eOrders, providing prompts at the time of test selection to support appropriate requesting.

References:

Aotearoa New Zealand STI Guidelines (accessed 07/06/2026): <https://sti.guidelines.org.nz/>
New Zealand Microbiology Network. Position Statement: Infectious Serology (accessed 23/12/2025): <https://www.nzmn.org.nz/assets/Position-Statements/2024.09-NZMN-Position-Statement-Infectious-Serology.pdf>
Tuddenham S., Hamill M., Ghanem K. Diagnosis and treatment of sexually transmitted infections: a review. JAMA. 2022;327(2):161–172.
Guidelines for the Management of Genital Herpes in New Zealand 13th Edition - 2024 (accessed 10/08/2026): <https://guidelines.stief.org.nz/herpes/introduction>

Liver Autoantibodies

Key message: Liver autoantibodies are not first-line tests for an isolated abnormal liver function test. They are most useful when liver test abnormalities persist and common causes have been investigated.

Awanui Labs – Auckland has separated the previous 'tissue autoantibodies' request into 'liver autoantibodies' (SMA and AMA) and 'parietal cell antibodies'. In Éclair, please order 'LIVER AUTOANTIBODIES' when investigating possible autoimmune liver disease

Autoimmune Hepatitis

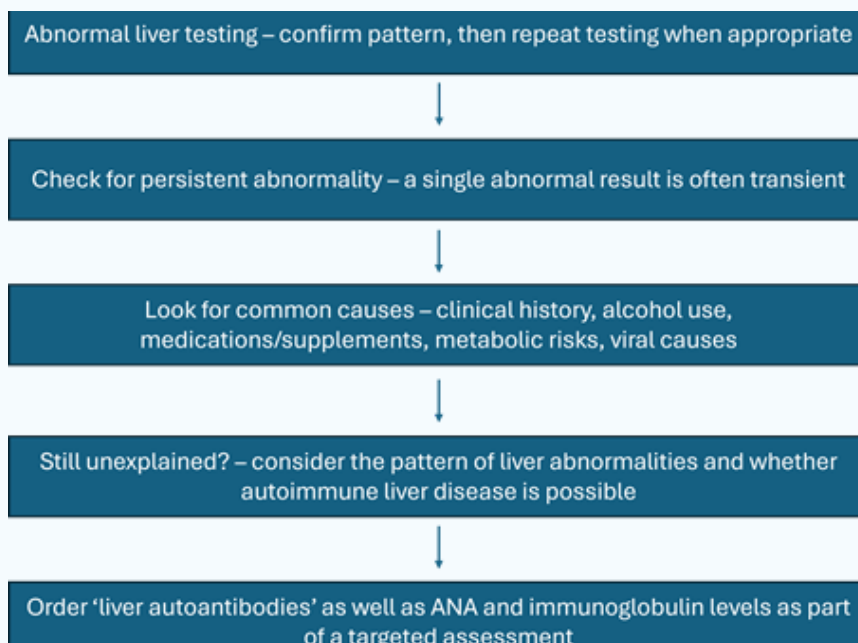
Autoimmune hepatitis (AIH) is a rare, chronic inflammatory liver disease characterised by raised ALT/AST (hepatocellular pattern) which can lead to liver failure and death. It can affect people of all ages with wide variation in clinical presentation, making the diagnosis of AIH challenging. Evidence of certain autoantibodies is an important part of the diagnosis of AIH, the most common of which are anti-nuclear antibodies (ANA) and smooth muscle antibodies (SMA).

There are 2 main types of AIH, although type 1 AIH is significantly more common than type 2 which is more frequent in children. Anti-LKM1, anti-LC1 and anti-SLA/LP are not part of the 'liver autoantibody' profile and are generally specialist tests.

Primary biliary cholangitis:

Primary biliary cholangitis (PBC) is a chronic and progressive autoimmune disease affecting bile ducts, which is generally characterised by persistent increases in ALP and GGT (cholestatic pattern). It can lead to cirrhosis or liver failure with time. Treatment with ursodeoxycholic acid can slow disease progression. AMA are the key serological marker for PBC, with AMA present in the majority (90%) of patients. Anti-gp210 and anti-sp100 antibodies are relatively specific for PBC but are only seen in the minority of cases and are generally specialist tests.

A practical approach to abnormal liver tests



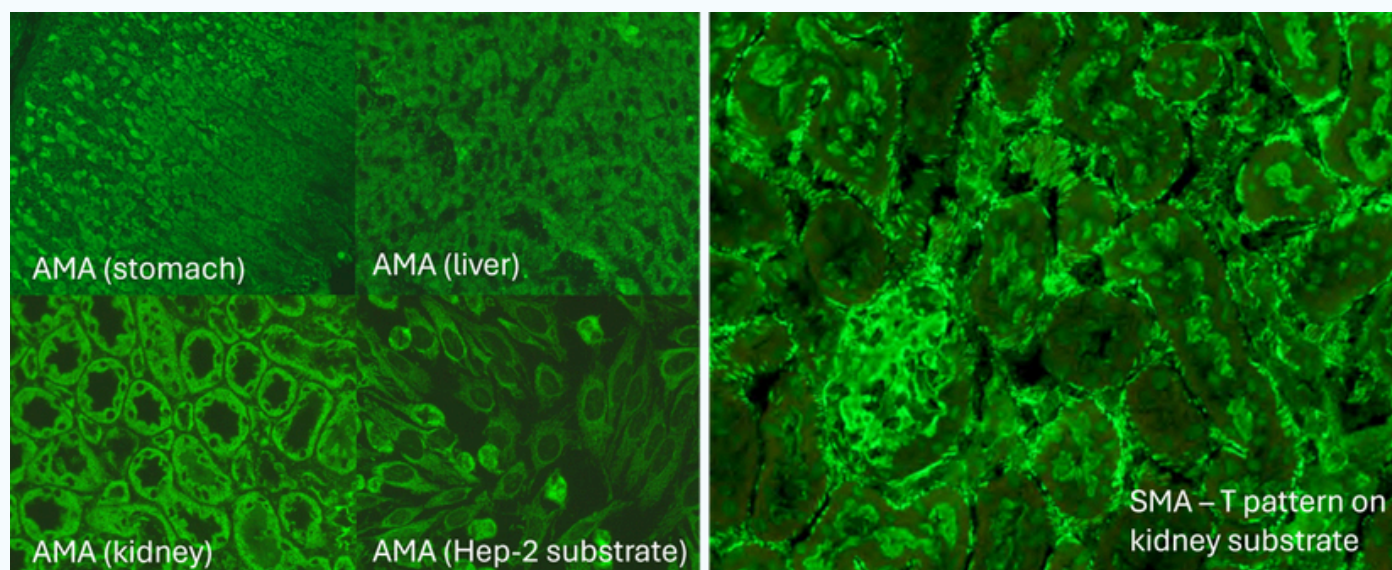
Which clinical pattern should prompt testing?

Liver test pattern	Autoimmune disease to consider	Useful serology
Predominantly raised ALT/AST (hepatocellular pattern), persistent and unexplained	Autoimmune hepatitis (AIH)	SMA ('liver autoantibodies'), ANA, immunoglobulins
Predominantly raised ALP/GGT (cholestatic pattern), persistent and unexplained	Primary biliary cholangitis (PBC)	AMA ('liver autoantibodies')
Normal liver testing or transient abnormality	Autoimmune liver disease unlikely	Liver autoantibodies are generally not indicated

What does the result mean?

Result	What it means
SMA positive at high titre	Supports AIH when there is compatible hepatocellular liver test abnormality and other features (such as high IgG). SMA alone does not diagnose AIH.
AMA positive at high titre	Strongly supports PBC in a patient with a persistent cholestatic liver profile. AMA positivity alone does not diagnose PBC.
Low-level antibody positivity	Non-specific, particularly without persistent liver test abnormalities.
Liver autoantibodies negative	Does not completely exclude autoimmune liver disease.

Immunofluorescence patterns for AMA and SMA:



Conclusions:

There is no single blood test that diagnoses AIH or PBC. Diagnosis requires a combination of clinical assessment, liver biochemistry, immunoglobulins and autoantibodies, exclusion of competing causes, and specialist assessment including liver biopsy.

First confirm that liver enzyme abnormalities are persistent, investigate common causes, then use liver autoantibodies to help answer a specific clinical question. A positive result supports but does not establish a diagnosis in isolation.

Dr Hamish Anderson
Immunopathologist
Awanui Labs – Auckland

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	Book online anytime through www.awanuilabs.co.nz	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	
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Dr Cam Kyle Cam.Kyle@awanuilabs.co.nz		Immunopathologist	
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 Anatomic Pathology Service Mount Wellington		The contact number for Anatomic Pathology Mt Wellington is: Phone (09) 302 0516	