

## TDL Laboratory Guide

# New, changes and updates

**2026**

Every year we review requesting patterns, assay frequency, new best practice and methods, and include changes where relevant or necessary, into the test menu. We also try to incorporate the changes that have originated from feedback received over the past year. This helps us to keep profiles and test menus both up-to-date and relevant.

There are over 1500 tests listed by discipline, and also in the A-Z listing at the back of the Guide (pages 179 - 211). Profiles are laid out by discipline. For advice or information about any of the tests that are listed - or if you can't find a test that you are looking for, please contact the laboratory on **020 7307 7373**. If you need information and advice about Genetic tests please call **020 7307 7409**.

Updated Terms and Conditions of Business from 1st January 2026 are given on page 215 of the Guide. Having a signed copy of these Terms available for review has become increasingly more important for CQC and other organisations who carry out inspections



and audits. Two copies of Standard Terms and Conditions 2026 are enclosed within the Pathology Pack - one to sign and file, and one to post to TDL or return by email to [terms@tdlpathology.com](mailto:terms@tdlpathology.com)

Published prices, updates and changes that are included in the Laboratory Guide are effective from 1st January 2026.

**Included in your Pathology Pack:**

TDL Laboratory Guide 2026

TDL New, Changes and Updates 2026

TDL Standard Terms and Conditions 2026

TDL Calendar 2026

TDL Swab Guide

TDL Andrology Patient Card 2026

Patient Reception Postcard 2026 (location and opening hours)

Re-order form for Laboratory Guides and Calendars

## Patient Reception/Phlebotomy hours and services **NEW/UPDATE**

### Additional phlebotomy rooms **UPDATE**

### Sunday opening times 8am - 11am **NEW**

Patient Reception/Phlebotomy provides a sample collection service for patients attending at the request of their doctor/clinic. Patients, of all ages, are welcome to attend Patient Reception, 76 Wimpole Street, London W1G 9RT for their samples to be taken. Patients need to be referred by their clinic or doctor and are required to bring a request form or letter of referral. Appointments are only necessary if a patient needs specialised investigations or care. No appointments are needed for children. There is only one baby/child exception for under 14 years: not to attend on a Sunday.

TDL has only one centre for sample taking/phlebotomy service at 76 Wimpole Street. Patient samples cannot be taken at the main laboratory. Patient Reception sample taking services are not available in Manchester.

Opening times at Patient Reception, 76 Wimpole Street:

Monday to Friday 7am - 7pm All patients, all ages

Saturday 7am - 1pm All patients, all ages

**Sunday 8am - 11am **NEW**** Samples cannot be taken for children under 14 years

## FAST Testing Sexual Health Screens **UPDATE**

page 75

Sexual Health Screens for results needed ahead of routine reporting times are listed on page 75.

## Test-Specific Request Forms **NEW**

A range of standard TDL and TDL Genetics request forms are available on the TDL website.

PDF versions of these request forms are available at [www.tdlpathology.com/tests/request-forms/](http://www.tdlpathology.com/tests/request-forms/)

They now include speciality-specific request forms that cover the detailed information required for the following tests:

- **Stockholm3 for risk evaluation of prostate cancer** (STK3/STKR)
- **Ziwig endometriosis test** (ENDT)
- **Non-invasive prenatal testing** (NIPT)
- **Histology** (see Guide page 171)



SCAN ME

Download TDL Request forms from:

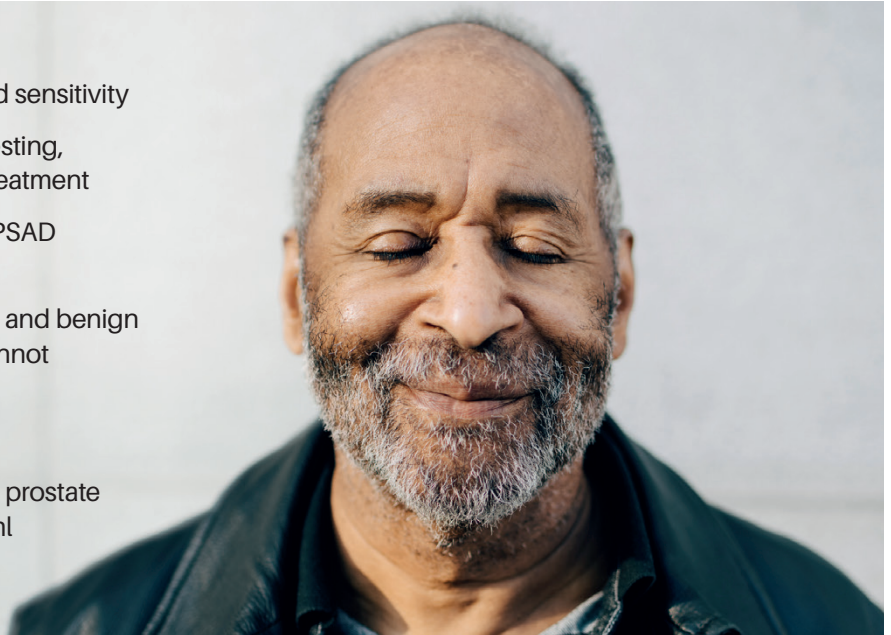
[www.tdlpathology.com/  
tests/request-forms/](http://www.tdlpathology.com/tests/request-forms/)

Efficient and accurate data entry and invoicing processes are dependent on the detail given with the request form that accompanies each request. For patients who are claiming through their private medical insurer, special attention must be given to providing the **name of the insurer** (e.g., BUPA) together with the patient's **membership number**, pre-authorisation details if known and their **home address**.

<input type="checkbox"/> Fee to be paid by Patient/Other. <b>PLEASE PROVIDE ADDRESS DETAILS</b> Insurance Co. _____ Membership No. _____ Patient address _____ _____ Postcode _____ Contact telephone number _____	<input type="checkbox"/> Fee to be paid by Doctor/Clinic as above Signature _____ Date sample taken _____ Time sample taken _____	
<b>For Practice Use Only:</b>	<b>For Laboratory Use Only:</b>	<b>For Patient Service's Use Only:</b>

**Key characteristics of Stockholm3**

- Increased early detection – increased sensitivity
- Increased specificity reduces over testing, unnecessary biopsies by 50% and treatment
- Higher accuracy compared to PSA, PSAD and prostate cancer risk calculator
- Can distinguish between aggressive and benign tumours in a way that PSA testing cannot
- Validated in combination with MRI and in multiple ethnicities
- Shown to detect clinically significant prostate cancers in PSA levels of 1.5–2.9 ng/ml
- Reduces healthcare costs



**Stockholm3 Versus Prostate-specific Antigen in Prostate Cancer Screening: 9-year Outcomes Demonstrating Improved Detection of Aggressive Cancers and Reduced Overdiagnosis from the STHLM3 Trial.**

DOI: 10.1016/j.eururo.2025.10.001. Visit <https://pubmed.ncbi.nlm.nih.gov/41107178/> for details of this study.

This landmark study with nine-year follow-up, recently published in European Urology, demonstrates that Stockholm3 can detect aggressive prostate cancers among men with **PSA levels in the 1.5 - 3 ng/ml range**. The study showed that men, with a positive Stockholm3, were nine times more likely to have a high-risk biochemical recurrence after treatment than men with PSA 3 ng/ml or higher, and a negative Stockholm3. Approximately 20–30% of men aged 50–75 years have a PSA between 1.5 – 3 ng/ml.

Results from Stockholm3 testing identified men who would normally be missed by commonly used PSA thresholds. Conversely men with elevated PSA, but low Stockholm3 scores, had low recurrence rates, highlighting the potential of this test to reduce unnecessary biopsies and overdiagnosis of indolent disease.

≥ 20 ng/ml	PSA works well, with strong positive predictive value	< 1 % of samples
3 – 20 ng/ml	<b>PSA false positive rate is ~80%</b>	<b>~50% of samples</b>
1.5 – 3 ng/ml	<b>Negative PSA-value, but harbouring 30-50% of all clinically significant prostate cancers</b>	<b>~50% of samples</b>
0 – 1.5 ng/ml	PSA works well with strong negative predictive value	~50% of samples

**Stockholm3 Reflex (STKR)**

Samples required: 1 x SST and 2 x EDTA (3 tubes) and 4-Question Form.

No charge will be made for the PSA test for either STK3 or STKR if three tubes are sent to the laboratory.

**If the PSA result is < 1.5. ng/ml**, no charge will be made for the PSA – the STK3 test will not be processed.

**If the PSA result is > 1.5 ng/ml** the STK3 test will be processed using the 2 x EDTA tubes.

There will be a charge for the STK3 only.

There is no national prostate cancer screening programme in the UK, although prostate cancer is the 2nd most common cancer in the UK. Screening for prostate cancer cannot alter the incidence of cancer, but identifying early does increase the chance of survival. Survival rates for men with Stage 1 and Stage 2 prostate cancer are now close to 100%.

Stockholm3 is a validated blood test that combines genetic markers, proteins and clinical data in an algorithm to predict risk of clinically significant prostate cancer in men aged 45–74 years with a PSA level greater than 1.5 ng/ml for whom no previous diagnosis of prostate cancer has been made. Its suitability and usefulness as a screening test in both primary or secondary care is becoming well recognised. It performs equally across diverse ethnicities. Data from results for Stockholm3 tests shows reduced referral rates for imaging or prostate biopsy.

Results from testing for Stockholm3 show:

STK3 Result of 1–3 **Low risk of prostate cancer. No re-testing required for 6 years**

STK3 Result of 4–10 **Normal risk of prostate cancer. Re-testing recommended in 2 years**

STK3 Result of >11 **Increased risk of prostate cancer. Recommend referral to urologist**

Patients with a PSA result of > 1.5 ng/ml, with a Stockholm3 test giving a risk score of > 11, should be considered at clinically significant prostate cancer risk. If the patient is not already under the care of a urologist, onward referral for further investigation is recommended.

**Clinical data required:** Age, family history of prostate cancer, details of previous prostate biopsies, use of 5-alpha reductase inhibitors (Avodart [Dutasteride] or Proscar [Finasteride]).

**Please complete and send the 4-Question Form with the samples.**

Test	Code	Sample Reqs	TAT
<b>Stockholm3</b> Samples must be received within 48 hours of sample taking.	STK3	2 x EDTA tubes and completed 4-Question Form	2 weeks
<b>Stockholm3 Reflex</b> Samples must be received within 48 hours of sample taking.	STKR	1 x SST and 2 x EDTA tubes and completed 4-Question Form	2 weeks

**TDL will provide summary data reports to any practice, over any selected period of time listing their patients' PSA results by age and value, with clear identification of patients with PSA results that are >1.5 ng/ml and who are suitable for the Stockholm3 test.**



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Download the Stockholm3 test request form:

[www.tdlpathology.com/  
tests/request-forms/](http://www.tdlpathology.com/tests/request-forms/)

## ALEX<sup>3</sup> Allergy Test **NEW**

page 142

The multiplex allergy ALEX profile is being upgraded from ALEX<sup>2</sup> to ALEX<sup>3</sup>.

ALEX<sup>3</sup> is the third iteration of the test and includes a panel of 300 allergens, covering high-relevance allergen sources and 85 allergen families. It contains 218 molecular allergens, 107 of which are unique to the test providing a comprehensive sensitisation profile – it is the widest range of molecular allergens on the market.

ALEX<sup>3</sup> improves the quality of diagnosis and makes individualised and evidence-based therapy possible for every patient. The benefit of the very small sample volume remains, and the price for the ALEX<sup>3</sup> has not been increased. A total IgE will continue to be reported with the ALEX<sup>3</sup>.



Ziwig has CE-IVD accreditation for Endotest saliva samples to be self-collected by the patient without clinician supervision. This test is not a patient self-referral, and even if the patient self-collects, requests for testing must be made by the patient’s GP or Consultant. Results will be sent to the referring clinician, not to the patient.

Test	Code	Sample Reqs	TAT
<b>Ziwig Endotest</b>	ENDT	Saliva for MicroRNA testing Saliva collection kits are provided by TDL for practice use or for patient self-collection – please contact <a href="mailto:endotest@tdlpathology.com">endotest@tdlpathology.com</a> to order kits	2–3 weeks

**New England Journal of Medicine (NEJM)**

This publication provides an important milestone for Ziwig and for the progression of endometriosis diagnostics.

Details of this much anticipated study can be accessed here:  
<https://evidence.nejm.org/doi/pdf/10.1056/EVIDoa2400195>



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Download the Ziwig Endotest request form:

[www.tdlpathology.com/  
tests/request-forms/](http://www.tdlpathology.com/tests/request-forms/)

**Phospho-tau 217 [p217] Blood Test to Evaluate Alzheimer’s Disease (AD) **NEW****

**The purpose of the p-Tau217 test**

The p-Tau 217 blood test is primarily used to assess individuals aged 50 years and older who present with cognitive decline. It helps in evaluating the likelihood of Alzheimer’s disease (AD), providing an opportunity to differentiate AD from other neurodegenerative conditions. The p-Tau 217 blood test is not a standalone diagnostic test and it needs to be considered as part of a comprehensive assessment that includes clinical evaluation and other diagnostic tests.

**Sample collection:** The test requires an EDTA tube. The laboratory will process this on receipt and the plasma is then analysed for the concentration of p-Tau 217.

**Interpretation of results:** The results are reported as positive, negative, or indeterminate. A POSITIVE result indicates a high likelihood of Alzheimer’s pathology, while a NEGATIVE result suggests a lower likelihood of such changes. INTERMEDIATE results may require further testing.



## Diagnostic accuracy

Recent studies have shown that the P-Tau 217 blood test has a sensitivity of approximately 90% and a specificity of around 90% in detecting Alzheimer’s disease. This means it is highly effective in identifying individuals with the disease while minimising false positives. The test has been validated against cerebrospinal fluid (CSF) and PET imaging, showing comparable accuracy.

## Clinical implications

The p-Tau217 blood test is useful for individuals with mild cognitive impairment or early dementia. It aids in confirming the presence of Alzheimer’s pathology, which can guide treatment decisions and management strategies. However, it is important to note that this test should not be used for screening asymptomatic individuals or predicting future cognitive decline.

In summary, the p-Tau217 blood test is valuable in the diagnostic process for Alzheimer’s disease, providing critical information that can help in the early identification and management of cognitive impairments.

Test	Code	Sample Reqs	TAT
<b>Phosph-tau 217</b>	P217	EDTA	2-4 weeks
Contact the laboratory for sample taking instructions			

## Test Updates

### Homocysteine [HOMO]

[page 25](#)

Spin and separate SST Serum or EDTA plasma from cells within 1 hour of sample collection, or place unspun samples on ice to be received in the laboratory within 6 hours of collection for the laboratory to separate. Results will be reported with a comment that explains that elevated values may occur if the correct sample collection procedures are not followed, as the Serum or EDTA sample recommendation is for the sample to be separated within one hour.

### Parathyroid Hormone (PTH) (WHOLE) [PTHI] CHANGE

[page 57](#)

This test requires its own EDTA tube – please take an additional EDTA tube if other tests are being requested from EDTA samples. This EDTA sample for PTHI will be stable for 3 days. [PTH and PTHI are the same]

### Serum Calprotectin [SCAL] NEW

[page 31](#)

The purpose of the serum calprotectin test is to primarily diagnose inflammatory conditions – it is helpful for identifying and monitoring inflammatory disease including rheumatoid arthritis in its various presentations as well as distinguishing between inflammatory disease and other conditions, such as infections, and providing guidance for appropriate treatment. This must not be compared or confused with Faecal Calprotectin (CALP).

### Faecal Calprotectin [CALP]

[page 31](#)

Faecal Calprotectin can provide a non-invasive, relatively inexpensive and objective method for assessing patients when considering the need for additional possible invasive procedures e.g. additional colonoscopy or imaging studies. The faecal calprotectin test has good specificity and sensitivity (c 90%) for distinguishing between non-inflammatory bowel disorders (e.g. irritable bowel syndrome) and inflammatory bowel disease (e.g. ulcerative colitis and Crohn’s disease, etc). Faecal calprotectin can be measured in a very stable single stool specimen but is not specific to the cause of the inflammation (IBD, colitis, diverticulitis, etc.) and is therefore not a sole investigation.

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## TDL Andrology UPDATE

Fertility problems can have a considerable impact on the health and wellbeing of all those affected by it. It is important that men have access to appropriate reproductive health information. This could encourage healthier behaviour in men to address fertility problems that could be related to lifestyle factors, increase their understanding of the causes of infertility, and identify more quickly when it might be necessary to seek specialist support.

Infertility affects around 1 in 6 people. Many do not require treatments such as IVF but may need referrals to a specialist service at an early stage. The speed of referral is important. Men are just as likely to experience difficulty with their fertility as women, and for around **half of heterosexual couples who are having problems conceiving, the cause of infertility is sperm related**. The earlier the diagnosis of sperm related infertility, the sooner specialist support can be sought or a referral to a fertility clinic can be made.

Blood tests and additional laboratory tests for patients attending for a semen analysis can be undertaken during the same visit to TDL Andrology. Appointments to attend for a semen analysis can be made online at [www.tdlpathology.com/andrologybooking](http://www.tdlpathology.com/andrologybooking) or by calling 020 7025 7940.



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To make an appointment for Semen Analysis online please visit:

[www.tdlpathology.com/andrologybooking](http://www.tdlpathology.com/andrologybooking)

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## Guide to Swabs – Culture and PCR UPDATE

pages 51-52

Specialist swabs and their essential functions, and differences between manufacturers, can be very confusing – and ordering and using the correct swabs for the sample and test to be carried out has become much more important than it used to be.

Patient request forms and swabs must both be labelled with details of the body site from where the swab was collected. For cultures this is particularly important as the swab site will determine the appropriate culture medium required to target the most likely pathogens.

The appropriate swabs are listed and illustrated to help with ordering supplies for the practice correctly.



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Download TDL Guide to Swabs from:

[www.tdlpathology.com/tdl-guide-to-swabs/](http://www.tdlpathology.com/tdl-guide-to-swabs/)



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Download TDL Supplies Order Form from:

[www.tdlpathology.com/tests/request-forms/](http://www.tdlpathology.com/tests/request-forms/)

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## Coeliac Disease CHANGE

page 87

Coeliac disease is an autoimmune condition that affects 1 in 100 people in the UK. Only 36% are medically diagnosed, meaning there are an estimated 500,000 people living in the UK who are experiencing symptoms which may have a big impact on the way they live, and manage their lives.

Coeliac disease (CD) is triggered by the ingestion of gluten in genetically susceptible individuals. Gluten is the major protein component of wheat, rye, and barley. Genetic predisposition does play a key role in CD, and it is well known that CD is strongly associated with specific HLA class II genes known as HLA-DQ2 and HLA-DQ8. Approximately 95% of CD patients express HLA-DQ2, and the remaining patients are usually HLA-DQ8 positive. The negative predictive value for both tests is higher than 99%. However, the HLA-DQ2 allele is common and is carried by approximately 30% of Caucasian individuals. Thus, whilst HLA-DQ2 or HLA-DQ8 is necessary for disease development it is not sufficient for disease development (at only 36–53%). Note: History taking is important if a patient has been on a gluten-free diet for 6–12 months, as approximately 80% will lose their antibody response. After 5 years this increases to >90%.

### Coeliac pathway

**Tissue Transglutaminase IgA (TAA) as a single test.** This can be requested as a single test as well as being included as one of the tests in the Coeliac/Gluten Sensitivity Profile (GSA). Initial TTG IgA samples are received and tested. If TTG IgA is LOW ( $\neq$  10 U/ml) or in the equivocal range (7–10 U/ml) then reflex testing for Endomysial IgA will be undertaken as a confirmatory test for first time positive samples.

**Endomysial IgA (AEAB) as a single test.** This can be requested as a single test as well as being included as one of the tests in the Coeliac/Gluten Sensitivity Profile (GSA). If TTG IgA is positive endomysial IgA will be carried out as a confirmatory test. This only needs to be done once in the patient's history.

**Deamidated Gliadin IgG (AGAB) as a single test.** This can be requested as a single test as well as being included as one of the tests in the Coeliac/Gluten Sensitivity Profile (GSA). This may be useful when testing children's samples. Appropriate clinical comments will be added to results - see table below.

Gliadin IgG Requests			
TTG IgA result U/ml	Total IgA result for new assay g/L	Deamidated gliadin IgG result U/ml	Comment
0.2 to 10	N/A	N/A	Coeliac disease unlikely (please note that if the patient has no dietary gluten results may appear false negative)
>= 10	N/A	N/A	Suggestive of coeliac disease
<0.2	>= 0.1	N/A	Coeliac disease unlikely (please note that if the patient has no dietary gluten, results may appear false negative)
<0.2	<0.1	>=10	Consistent with coeliac disease in a patient with selective IgA deficiency
<0.2	<0.1	<7	Coeliac disease unlikely (please note that if the patient has no dietary gluten, results may appear false negative)
<0.2	<0.1	7-10	Result equivocal suggest referral to a gastroenterologist for consideration of duodenal biopsy

## Self-Collect Testing UPDATE

page 151



Usability, clinically approved stability and the comparative performance of vacutainer vs microtainer are the essential requirements for acceptance for Self-collect tests.

Newly approved tests for Self-collect tests now include:

- FBC with Hb, WCC, RBC and Platelets
- Apolipoprotein A1, Apolipoprotein B can now be combined with Lipoprotein(a), Lipase, hsCRP and Lp-PLA2 testing

Requests by doctors for Self-collect kits for their patients continue to grow across targeted areas of healthcare - sexual health, genetic conditions, pre-admission work ups and companion diagnostics. All Self-collect samples are sent to the laboratory by Royal Mail Tracked24 for testing.



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Download TDL Self-Collect Brochure from:

[www.tdlpathology.com/self-collect-brochure/](http://www.tdlpathology.com/self-collect-brochure/)

The range of tests for practices who want to order Self-collect kits for their patients has been updated (1st December 2025). The option to request vacutainer kits to be carried out by a patient's local phlebotomy service can also be requested through [orders@tdlpathology.com](mailto:orders@tdlpathology.com).

## Digestive Diagnostics **UPDATE**

There has been a significant increase in gastrointestinal investigations being undertaken for gastrointestinal conditions. The most commonly investigated digestive disorders include from top to bottom:

- Gastroesophageal Reflux Disease
- Gallstones
- Coeliac Disease/Gluten Intolerance
- Crohn's Disease
- Ulcerative Colitis
- Irritable Bowel Syndrome
- Haemorrhoids
- Diverticulitis

TEST	CODE	SAMPLE	TAT
QFIT (single test)*	QFIT	QFIT / QFIT sample collection device	1 day
Calprotectin (single test)	CALP	QFIT sample collection device	5 days
QFIT and Calprotectin*	QCAL	QFIT / QFIT sample collection device	5 days
Elastase	ELAS	RF / Stool or faecal container	5 days
H. pylori Antigen	HBAG	RF / Stool or faecal container	3 days
Enteric Organisms Rapid Detection**	EORD	RF / Stool or faecal container	2 days
Stool for OCP and Culture***	PENT	RF / Stool or faecal container	2-3 days

\*It is essential that a QFIT sample collection device is used for single testing. A QFIT without a collection device will not be accepted. Combined QFIT and Calprotectin testing (QCAL) can be taken using the QFIT collection device. Results are reported individually for QFIT and CALP.

\*\* Results are reported individually for 28 viral, bacterial and parasitic pathogens.

\*\*\* Please provide relevant travel history. If travel history is not provided, stool will be investigated for endemic pathogens only [Campylobacter, Salmonella, Shigella, Shigatoxin-producing E coli (VTEC), Cryptosporidium and Giardia].

**If requesting more than one stool test please use multiple pots as this speeds up processing and reporting.**

**Do not overfill, but please ensure that each stool pot is half-filled.**

## Self-Collect HPV Samples

page 169

The Self-Collect HPV Test provides women with the option to self-collect a vaginal specimen for HPV testing. There is well documented high level of concordance between the HPV DNA results from self-collected and clinician-collected specimens.

A **NEGATIVE HPV result** means that these high-risk subtypes HPV have not been detected and the patient is at extremely low risk of developing high-grade cervical disease/CIN2+ before their next routine visit.

A **POSITIVE HPV result** might indicate an increased risk of developing CIN/cervical cancer, and the report from the laboratory will provide a clear recommendation for follow-up/colposcopy.

Self-collection of specimens for HPV testing is not intended to replace existing patient management pathways but allows for:

- Those who wish to test following a change of sexual partner
- Option for identifying individual high risk DNA subtypes
- Personal preference to self-collect vaginal samples
- An acceptable option for women who avoid having regular cervical smears
- Self-collection for HPV increases acceptability and coverage rate of cervical cancer prevention

HPVY Self-Collected HPV DNA incorporating a collective of high risk subtypes.

HPVZ Self-Collected HPV DNA with individual reporting of all High Risk subtypes (16, 18, 31, 33, 45, 35, 39, 51, 52, 56, 58, 59, 66, 68, 26, 53, 69, 73, 82).

Results will always be sent directly to the requesting clinician, clinic or healthcare organisation.

For information and packs, please contact [UKCAkits@tdlpathology.com](mailto:UKCAkits@tdlpathology.com)

## TDL eView - Upgrade to TDL eViewPlus **UPDATE**

TDL eViewPlus allows users to create request forms without the need for the set-up and cost of a linked practice management system. More importantly, eViewPlus significantly improves the speed and accuracy of data entry for the laboratory as the request forms are QR coded for scanned input compared to manual entry from paper forms.

**eViewPlus is a secure login and password protected system**

- Allows access to results in real time
- Provides cumulative results
- Allows printing of results
- Allows for 100% accuracy for test codes/ patient demographics
- Minimal office equipment required - use your standard printer
- Allows forwarding of results in PDF format to patients, clinicians, clinics, etc.
- Creates a QR coded request form
- Clear flagging of essential information fields
- Accepts all test codes - single tests, TDL and personal profiles
- Allows entry for clinical details
- No charge for this service



To be set up or for information about TDL eViewPlus contact [eviewplus@tdlpathology.com](mailto:eviewplus@tdlpathology.com)

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## Links – Is your Practice Management System able to link directly with the Laboratory? **UPDATE**

Many clinics with practice management systems sometimes don't appreciate that their system will allow them to link requests when ordering tests. Approved electronic requests that properly link are more accurate, faster and efficient, and most importantly significantly reduce manual entry errors. Please check to find out whether it is possible to link through your own practice management system or via eViewPlus. **To see if your own platform will link to TDL, in the first instance please contact your system provider.**

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## Sample Labelling **UPDATE**

Please **always label all swabs, non-gynae cytology and fine needle aspirates with the site** from where the sample was taken, as well as providing the patient's full name, dob and any other relevant identifiers. This is very important to ensure that the most appropriate culture media is used to target the most likely pathogens.

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## Vacutainer Tube Labelling **UPDATE**

page 226

To efficiently process blood samples, vacutainer tubes need to be labelled correctly. This involves the use of the right size label and applying it appropriately. See page 226 of the Guide for more details.

- The ideal size of label to use is 29mm x 51mm (h x w), use one label per tube.
- Apply the label along the length of tube, with the patient name at the top.
- The label should be straight, applied smoothly without wrinkles and wrapped around the tube.
- Make sure not to cover the fill level.
- Make sure that the label doesn't overlap or hang off the end of the tube.

### **DO NOT**

- Wrap the label around the tube like a flag or apply it so that it overlaps the end of the tube.
- Use a label that is too large for the tube.
- Apply a label so that it is wrinkled, overlapping or damaged.

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## Discontinued Tests

Laboratory tests may be discontinued at short notice for a variety of reasons such as changes with reagent manufacturers, analyser development, supply chain, suspension or regulatory review.

Depending on the reason, tests may be discontinued by manufacturers for short or long term – or even permanently and sometimes TDL may have been given very little notice. Whilst every effort is made to look for a comparable alternative service this is not always possible and even where an alternative is available, the turnaround times, normal values and methodology may be different. Comment is given with the alternative results with these changes. Where there is no suitable alternative, the laboratory will notify as it may not be possible to store samples for the long term and it may be necessary to discard them or return them to the referrer.

Discontinued tests are shown on the TDL website: [www.tdlpathology.com/discontinued-tests/](http://www.tdlpathology.com/discontinued-tests/)



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View TDL Discontinued tests at:

[www.tdlpathology.com/discontinued-tests/](http://www.tdlpathology.com/discontinued-tests/)

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## Service Email Addresses

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<a href="mailto:Addons@tdlpathology.com">Addons@tdlpathology.com</a>	Request <b>additional tests</b> for a sample already in the laboratory
<a href="mailto:Andrology@tdlpathology.com">Andrology@tdlpathology.com</a>	Arrange an <b>appointment for semen analysis</b> (or call <b>020 7025 7940</b> )
<a href="mailto:Couriers@tdlpathology.com">Couriers@tdlpathology.com</a>	Contact couriers as an alternative to <b>online booking</b>
<a href="mailto:UKCAkits@tdlpathology.com">UKCAkits@tdlpathology.com</a>	Information for <b>self-collection kits/service</b>
<a href="mailto:eviewplus@tdlpathology.com">eviewplus@tdlpathology.com</a>	To arrange a secure login/password for <b>results look-up</b>
<a href="mailto:finance@tdlpathology.com">finance@tdlpathology.com</a>	Contact credit control for <b>invoice related queries</b>
<a href="mailto:Homevisits@tdlpathology.com">Homevisits@tdlpathology.com</a>	<b>Arrange a home visit</b> for your London based patients
<a href="mailto:patientreception@tdlpathology.com">patientreception@tdlpathology.com</a>	Email ahead for <b>special arrangements</b> for your patients
<a href="mailto:phlebotomy@tdlpathology.com">phlebotomy@tdlpathology.com</a>	Email for <b>special arrangements</b> for patients when needed
<a href="mailto:Supplies@tdlpathology.com">Supplies@tdlpathology.com</a>	<b>Order pathology supplies/postal packs</b> for TDL samples
<a href="mailto:tdl@tdlpathology.com">tdl@tdlpathology.com</a>	<b>General enquiries</b>

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The TDL Laboratory Guide 2026 is designed to give you an easy to use reference, for the most regularly requested tests and profiles. If you need help or advice in finding information about tests or services, please contact the laboratory on **020 7307 7373** or email [tdl@tdlpathology.com](mailto:tdl@tdlpathology.com). We will continue to develop clinically relevant diagnostic services and our aim is to offer commitment to customer service, strong working relationships and help and support to doctors and their practises.