

Department of Pathology and Laboratory Medicine memorandum

To: Central Zone Physicians, Health Service Managers (Inpatient, Outpatient, and

Emergency Dept), Nova Scotia Health Authority Laboratories

From: Dr Manal Elnenaei, Medical Biochemist, Division of Clinical Chemistry

Dr. Bassam A. Nassar, Chief of Service, Division of Clinical Chemistry Ms. Cindy Andrews, Technical Manager, Division of Clinical Chemistry

Date: December 1, 2015

Message: Urine Beta-2 Microglobulin testing will be will no longer be routinely offered at

Central Zone Pathology and Laboratory Medicine

Effective January 11, 2016, urine samples for beta-2 Microglobulin (UB2M) testing will not be accepted for processing at Nova Scotia Health Authority Central Zone Laboratories.

The rationale behind this is as follows:

- 1. Although UB2M was advocated to reflect tubular disorders of the kidney, when kidney damage is suspected, it is not diagnostic for a specific disease or condition and its use is not recommended by our Nephrologists.
- 2. Raised UB2M has been found in patients with urinary tract infections (UTI), particularly in children with upper UTI; hence it may be misleading in these cases.
- 3. The ideal preanalytic requirements for processing urine for B2M testing entails pH testing of the urine soon after collection and adjusting the pH to an optimum level, if required, in order to reduce the likelihood of UB2M degradation and hence false negative results. It is difficult for the sample to arrive in a timely manner at the laboratory for such processing.
- 4. The very few requests that come to our laboratory for this test do not justify continuing to offer it, or to attempt to introduce a complicated sample collection process to ensure sample quality. Moreover, none of these requests comes from our Nephrologists.

If you have further questions, please contact Dr. Elnenaei at 902 473 5194, Dr Lou at 902 473 1528 or Dr. Nassar at 902 473 2225.CC.

CC. Dr. Godfrey Heathcote, Ms. Shauna Thompson, Ms Catherine Lambert, Ms Sandy Schlay , Ms Gail MacLennan