

23rd August 2015

ACGS Activity Audit April 2014-March 2015

Dear ACGS member,

Please find attached the 2014-15 audit template form to be returned by **1st October 2015** to gail.norbury@gstt.nhs.uk and lara.cresswell@uhl-tr.nhs.uk

We have introduced a number of changes in order to simplify the return.
The key changes.

1. Re-categorisation of DNA (molecular reports) to align activity to tests rather than disorder
2. Only the total number of send aways needs to be recorded
3. Predictive test activity is only requested for breast cancer and Huntington disease.
4. Addition of targeted analysis to cytogenetic activity

KEY

SECTION1 SAMPLES

This section is to records the total number of samples and extractions/preparations undertaken
Please record all service activity but ensure any research/development (including GeL) work is distinct from the diagnostic activity. Samples received as DNA should also be recorded separately. Note one GenU is accrued for extraction rather than for sample receipt. The total number of exported samples should be included on this sheet.

SECTION 2 REPORTS

Activity for 'DNA', Cytogenetics, and Acquired has been separated onto separate sheets to facilitate collection. For any joint services, the data should only be reported once

2a DNA Reports 2015 version

1. The list of tests/disorders has been rationalised in an attempt to align more easily with laboratory activity. The intention is to condense this further as more panel tests are introduced. The list presented reflects the activity reported last year and the categories used in the recent NHSE activity request exercise.
2. Please record data against these row names, breaking down as far as possible under the column headings for pre and post natal test and compliance with reporting time target
3. If the test is not listed, please **add to the end** and provide full details so corresponding activity from other labs can then be aligned.
4. Please do not delete the empty rows (if necessary sort them to the bottom).and where appropriate try to distinguish between "0" and "" i.e. zero units and no data collected.
5. Note: Analysis of parental samples referred for CF because of detection of fetal echogenic bowel should be recorded under postnatal not prenatal reports.
6. All activity should be recorded in accordance with current [GenU version July14*](#) . The total activity for the lab should then be collated on sheet 5.
7. Please indicate the number of reports and GenU for sequencing panels of >10 genes and other large scale sequencing work e.g. WES or WGS
8. For turnaround times (TAT), please use the [current agreed standards*](#). This should be counted from day of activation as day zero.

*Available on ACGS website

2b Cyto Reports 2015 version

1. Prenatal and postnatal reports have been separated by test type and the ability to record where additional targeted testing has been undertaken has been included. Please note this does not change the 2014 GenU assigned to the report which should still be a single band.

2c Acquired Reports 2015 version

1. This sheet includes karyotype and FISH analysis for acquired disorders
2. Molecular oncology is listed by disease type and mutation
3. Any disease or mutation is not listed, please **add to the end** and provide full details so corresponding activity from other labs can then be aligned.
4. Turnaround times for acquired disorders are not being collected

SECTION 3 PREDICTIVE TESTS

We are now only collecting data for familial breast/ovarian cancer and for Huntington disease

SECTION 4 STAFF

Please only include non supernumerary staff ie exclude trainees. This data is collected to align with service delivery and compliments the workforce collection survey.

SECTION 5 COMMENTS

Please add any comments or suggestions,

Many thanks

[Gail Norbury & Lara Cresswell](#)

On behalf ACGS Quality Subcommittee Audit

Genetics Centre

7th Floor Borough Wing, Guy's Hospital, Great Maze Pond, London. SE1 9RT

Tel 020 7188 7188 ext 51424

gail.norbury@gstt.nhs.uk