Scarborough, Hull and York Pathology Service

Siemens Atellica DCA HbA1c Analyser SOP

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Changes from last version of this document

New document to accompany the introduction of the Siemens Atellica DCA within the SHYPS Pathology network. Document applies to Hull, York and Scarborough hospitals.

Table of Contents

1 Purpose and Principle

The Atellica DCA HbA1c assay is an in vitro diagnostic test for quantitative determination of Haemoglobin A1c (HbA1c) (IFCC) in mmol/mol in human venous and capillary whole blood. This test is used by Hull and York hospitals as an aid in long-term monitoring of glycaemic control in patients with diabetes mellitus. Diagnosis of diabetes should only be made via laboratory results, and not by the POCT HbA1c method.

Glycated haemoglobin or HbA1c develops when haemoglobin, a protein within red blood cells, joins with glucose in the blood, becoming glycated. The level of HbA1c is proportional to the level of glucose in the blood over a period of approximately 2-3 months. HbA1c is accepted as an indicator of the mean daily blood glucose concentration over the preceding 2-3 months.

The Atellica DCA analyser automatically measures and calculates HbA1c using an inhibition of latex agglutination assay. The ratio of HbA1c concentration to total haemoglobin concentration is reported.

To determine the HbA1c concentration an agglutinator (synthetic polymer containing multiple copies of the immunoreactive portion of HbA1c) that causes agglutination of latex particles coated with HbA1c specific mouse monoclonal antibody is used. This agglutination reaction causes increased scattering of light, which is measured as an increase in absorbance at 531nm. HbA1c in a blood sample competes with the agglutinator for the limited number of antibody latex binding sites causing an inhibition of agglutination and a decreased scattering of light. The decreased scattering is measured as a decrease in absorbance at 531 nm. The HbA1c concentration is then quantified using a calibration curve of absorbance versus HbA1c concentration.

Total haemoglobin is measured as follows. Potassium ferricyanide is used to oxidize haemoglobin in the sample to methaemoglobin. The methaemoglobin then complexes with thiocyanate to form thiocyan-methaemoglobin; the coloured species that is measured. The extent of colour development at 531 nm is proportional to the concentration of total haemoglobin in the sample. IFCC concentration in mmol/mol HbA1c is calculated as a ratio of glycated haemoglobin to total haemoglobin as follows:

$$\text{HbA1c mmol/mol} = \frac{[\text{HbA1c mmol}]}{[\text{Total haemoglobin mol}]}$$

The LED indicators on the Siemens Atellica DCA module provide a visual guide to operational status:

Green	SOLID	Ready
	FLASHING	Module is active
White	PULSING	Busy
Red	SOLID	Error
	PULSING	Shutting down

This document outlines the procedures that should be adhered to when using the DCA Atellica analyser. Use of the analyser is defined and overseen by Point of Care Testing (POCT) departments within the Scarborough Hull York Pathology network (SHYPS).

2 Patient Preparation & Sample Requirements

Prior to testing patient consent must be obtained. Where this is not possible testing must be based on clinical need.

Patient identity must be confirmed prior to testing.

Sample type is whole blood, either a capillary sample from a fingertip or a venous sample anticoagulated with EDTA, heparin or citrate.

In Hull hospitals full details on collection of capillary samples are provided in the Roche Glucose Meter Observed Patient Test Training Guide, PC/INF/HU-20, available on the trust intranet.

Sample size is 1µl.

The operator must be aware of any limitations and interferences before proceeding with the test, refer to section 14 below.

3 Tasks, Responsibilities and Authorisations

In Hull, York and Scarborough hospitals the Trust Point of Care Testing Committees define roles & responsibilities for use of POCT equipment (refer to HEY/POCT/Policy/TOR for Hull and POCT policy/TOR/POCT Organisational doc for York and Scarborough).

The Point of Care Testing (POCT) departments within SHYPS Pathology network are bound by the United Kingdom Accreditation Service (UKAS) Medical Laboratory Accreditation (ISO 15189). These standards form the basis of the quality, technical and training protocols within POCT. Adherence to these regulations ensures that the quality of the results obtained from POCT meters at Hull hospitals is of an acceptable standard.

It is the responsibility of each staff member using the equipment described in this document to ensure that they have the clinical skills and training needed for sample collection and analysis. In Hull retraining on the device is required every 2 years, by completion of a practical training session with a link trainer recorded on the training and competency form PC/FOR/HU-73 available on the trust intranet. In York and Scarborough retraining is required every 2 years by completion of a recertification quiz PC/COM/YS-26 available on the Trust intranet.

Tasks	Responsible	Authorised
Daily quality control (IQC)	Trained HUTH/York/Scarborough clinical staff	HUTH/York clinical area management team
Patient test	Trained HUTH/York/Scarborough clinical staff	HUTH/York clinical area management team
Analysis of external quality assurance samples (EQA)	Trained HUTH/York/Scarborough clinical staff	HUTH/York clinical area management team
Troubleshooting	HUTH/York/Scarborough clinical staff, POCT staff	POCT manager
Incidents – reporting to POCT	HUTH/York/Scarbough clinical staff	POCT manager

4 Equipment

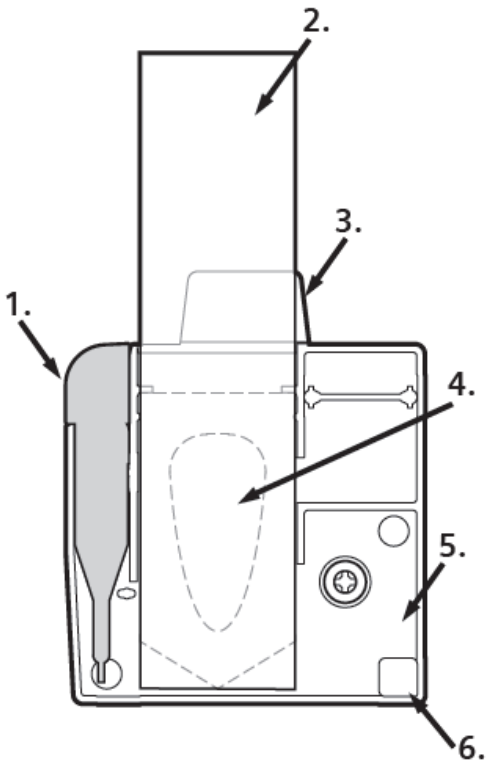
Equipment List

- Siemens Atellica DCA analyser, part number 11561560
- Trust-approved lancets
- Water and cotton wool/paper towel

5 Chemicals and Reagents

Siemens Atellica DCA HbA1c Reagent Cartridges

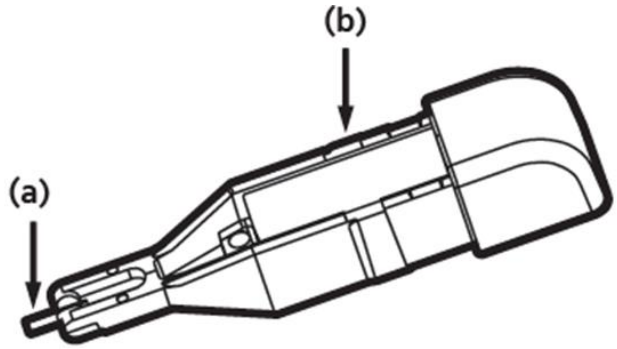
Atellica DCA reagent cartridge components:



Component Name	Description
1. Capillary Holder	For collection of blood sample. Also, contains an absorbent pad that absorbs all the liquid at the end of the test.
2. Pull-Tab	Pull to release buffer from the tray.
3. Cartridge Removal Tab	Used to remove the cartridge from the analyser.
4. Buffer Solution Tray	Contains 600µL buffer solution in each cartridge, 8.1% w/v lithium thiocyanate, 0.01% digitonin in 200 mM glycine buffer.
5. Reaction Container	Contains reagents necessary for the test.
6. Optical Window	Area for transmission measurement

- when handling a cartridge hold it at the sides so that test results are not affected. Take particular care to avoid the buffer solution area (4) and the optical window (6) in the picture above.
- cartridge expiry date is as stated on the box if stored refrigerated (2-8°C).
- if stored at room temperature (15-25°C) expiry date is 2 months or the manufacturers expiry date, whichever is soonest. The revised (room temperature) expiry date will be added to the boxes when issued from POCT.
- a temperature indicator is located on the front of every reagent cartridge box and should be checked if there are issues with quality control or patient results.
- cartridges must be allowed to warm up to room temperature (in the foil pouch) for 15 minutes before use if recently refrigerated.
- opened cartridges must be used within 1 hour.
- each foil pouch contains a desiccant bag. Do not use the cartridge if the desiccant bag is missing, damaged, or desiccant particles are found loose inside the packet.
- part number 10888771.
- order from POCT.

Atellica DCA Capillary Holders



a) glass capillary
b) absorbent pad

- provided with each box of reagent cartridges
- additional capillary holders can be provided by POCT on request

Siemens Atellica DCA HbA1c Controls

- expiry date is one month after opening. Always note the start date on a new vial.
- on first use of a QC vial swap the lid for a dropper of the appropriate colour (provided in the QC box) – white for normal, black for abnormal.
- store refrigerated (2-8°C). Can be used without warming up to room temperature.
- part number 11317549.
- order from POCT.

Optical Cartridge

Optical cartridges are provided for each analyser. In most cases they are retained in POCT to be used for troubleshooting purposes. For clinics in more remote sites they are stored in the department but not inside the analyser.

6 Risk Assessment (Environmental and Safety Controls)

Staff carrying out this procedure should have read and understood the Local Rules or Health and Safety Manual applicable to their site which should be followed at all times during the procedure.

- All human samples must be treated as potentially BIO-HAZARDOUS.
- The external surface of the analysers and the cartridge holder should be cleaned with a 70% isopropyl wipe as/when required. If they are excessively wet wipes should be wrung before use to remove excess moisture. Care should be taken to make sure that moisture does not enter any electrical connectors and the inside of the instrument.
- The cartridge holder should be allowed to air dry for 2-3 minutes after cleaning.
- Ensure that liquid does not enter the analyser during cleaning.

Locally approved personal protective equipment (PPE) appropriate to this test, but as a minimum gloves and apron, must be worn during the testing procedure.

For general safety advice when taking patient samples please refer to HUTH Standard Precautions Policy CP178.

For full health and safety information for this test refer to manufacturer's safety data sheets for the reagent cartridge and controls (PC/COS/SHY-1 and PC/COS/SHY-2 respectively) and the Risk Assessment for Use of the Siemens Atellica DCA HbA1c analyser (PC/RA/SHY-1) available on trust intranet (POCT page) and on Q pulse in Pathology.

This SOP and the associated risk assessment(s) have considered all hazards and necessary precautions required to control any risks identified. Where appropriate this is detailed in the COSHH assessment and Risk Assessment. Any risk; where possible is mitigated and or monitored with health surveillance to ensure health and safety for all those affected by this procedure

7 Calibration

The Atellica DCA is calibrated to an IFCC method[1, 2, 3]

Calibration data for reagent cartridges is included in the lot specific barcode that is scanned when the cartridge is inserted into the analyser.

8 Quality Control

Quality control tests are performed to ensure that the Atellica DCA analyser and the test components are working correctly. Control tests must be performed every 24 hours or if the analyser is used infrequently prior to patient testing i.e. at the start of a clinic. QC should also be performed if an unexpected patient result is obtained. Quality control samples are tested at two levels – normal and abnormal.

If quality control tests are not performed every 24 hours the patient test will be unavailable.

8.1 Testing Quality Controls

a) Switch the module on (if there are no lights visible on the front) by pressing the on/off switch located at the rear, right hand side. The analyser will be ready to use within 5 minutes, indicated when a green light is displayed. Switch the handset using the on/off switch on the right hand side.

b) Remove the QC material (normal and abnormal) from the fridge. Check the expiry date (written on the bottle) and the expiry date as stated by Siemens before use. Control bottles must be replaced after being open for one month.

c) On the screen tap → Run QC → HbA1c → Siemens Healthineers → select either Normal or Abnormal as required.

d) From the Select QC Lot screen select the relevant lot as stated on the QC bottle. If the QC lot is **NOT** listed add the new material to the analyser database as follows:

- Tap Add QC.
- Tap Scan. The camera will be activated.
- Scan the 2D barcode from the card in the QC box. Hold the barcode in the centre of the camera lens approx. 10cms away from the rear of the handset.
- NOTE: the details of only one level are displayed on the card. The other level is on the reverse and must also be scanned in before use.
- The QC details will be displayed (name, lot number, expiry date). Check that all details are correct.

e) Tap Continue. The Insert Cartridge screen will be displayed.

f) Open the cartridge packaging and the plastic capillary, leaving them both inside the original packaging or on a clean surface.

g) Gently invert the control vial to mix, take care to avoid generating bubbles.

h) Open the vial and squeeze the pipette bulb to remove air.

i) Insert the pipette tip into the control material and gently release the pressure on the bulb so that the control liquid is drawn up into the pipette.

j) Dispense a small drop of control material onto the inner surface of the foil pouch from the test cartridge. 1µl sample is required.

k) Hold the capillary holder provided in the kit at an angle and insert the tip of the capillary into the patient sample to fill it. Ensure that the capillary fills with no gaps or bubbles present.

l) Wipe the sampling end of the capillary on the foil packaging to remove excess before proceeding.

m) Insert the capillary into the test cartridge with the flat side towards the cartridge and click it into place.

n) Open the cartridge door and insert the cartridge into the compartment with the label facing to the right until you feel and hear a gentle click (the cartridge will only fit one way).

o) Using a slow continuous motion pull the silver tab out of the cartridge. Apply gentle pressure to the cartridge to hold it in pace whilst doing this.

p) IMMEDIATELY close the door to start the test. A result should be available in 5 minutes.

NOTE: do not open the door while the test is running. Test progress is indicated on the HOME screen.

q) When the control test is complete a message stating 'Results available' will be displayed. Tap the module icon to view the results. Pass or Fail will be displayed at the top of the screen. If the test has failed refer to section 8.2 QC failures below.

r) Click Done. When prompted remove the cartridge by opening the door and pushing the black release tab to the left. Close the door.

s) Dispose of the used cartridge as clinical waste.

t) Repeat steps c) onwards for the remaining QC level, remembering to add the control lot into the analyser database if required.

8.2 QC Failures

In the event of a QC failure proceed as follows:

a) Check the expiry date of the controls and reagent cartridges. Replace any expired stock and repeat the QC test.

b) Check that the controls and reagent cartridges have been stored at the correct temperature. If the temperature indicator on the front of the reagent cartridge box is red the kit should not be used.

c) Repeat the failed control test.

d) Repeat the failed control test using a new quality control vial.

e) Repeat the failed control test with a reagent cartridge from a new box/different lot.

f) Contact POCT for further advice.

g) The patient test will not be available. Use an alternative analyser or the laboratory until the issue is resolved.

9 External Quality Assurance (EQA)

Testing external quality assurance samples on analysers capable of generating results that influence patient care within the trust is essential. The samples are tested to demonstrate that the equipment and protocols in use generate results that are comparable to those from other sites performing the same test using the same type of analyser and different analysers. These samples are provided by NEQAS as 'blind' samples every 2 months (one sample per analyser).

POCT staff distribute the EQA samples to clinical areas in the internal mail, transport or by hand. Wherever possible **ward-based staff** who run patient tests routinely, and not POCT staff, **should test the samples**, following the instructions provided by POCT.

The reported result for each sample generates a score for each individual analyser and clinical area. Analysers/clinical areas with poor performance are investigated by POCT and recorded within the department and on DATIX.

10 Procedural Steps

10.1 Testing a Patient Sample

Always check the home screen for warnings and error messages before starting a patient test. If the quality controls have not been performed in the last 24 hours this will be indicated as a warning on the module button in the centre of the home screen.

a) Switch the module on (if there are no lights visible on the front) by pressing the on/off switch located at the rear, right hand side. The analyser will be ready to use within 5 minutes, indicated when a green light is displayed. Switch the handset using the on/off switch on the right hand side.

b) Tap the module button in the centre of the home screen to start a patient test.

c) Open a cartridge and plastic capillary leaving them both inside the original packaging or on a clean surface.

d) Collect a capillary sample from the patient using the guidance in section 2 Patient Preparation and the Hull Roche Glucose Meter Observed Patient Test Training Guide, PC/INF/HU-20, available on trust intranet.

e) Hold the capillary holder provided in the kit at an angle and insert the tip of the capillary into the patient sample to fill it. Ensure that the sample completely fills the capillary and that no gaps or bubbles are present.

NOTE: if the patient sample is venous mix it before use, remove the lid leaving a small amount of blood inside the lid. Fill the capillary by placing the tip to the inside of the lid.

f) Wipe the sampling end of the capillary on the foil packaging to remove any excess before proceeding.

g) Insert the capillary into the test cartridge with the flat side towards the cartridge and click it into place.

h) Open the cartridge door and insert the cartridge into the compartment with the label facing to the right until you feel and hear a gentle click (the cartridge will only fit one way).

i) Using a slow continuous motion pull the silver tab out of the cartridge. Apply gentle pressure to the cartridge to hold it in pace whilst doing this.

j) IMMEDIATELY close the door to start the test. A result should be available in 5 minutes.

NOTE: do not open the door while the test is running. Test progress is indicated on the HOME screen.

k) The Enter Patient ID screen will be displayed. Tap Scan to enter the barcoded Patient ID number. If a patient ID barcode is not available enter the patient ID manually in the Patient ID field In Hull unique hospital numbers are recommended, the relevant prefix must be included e.g. HEY, PAS, NLAG. In York and Scarborough hospitals NHS numbers are used.

l) Enter the patient surname and forename in the appropriate fields → Continue.

m) In the Sample ID field enter full operator name.

n) When the patient test is complete a message stating ‘Results available’ will be displayed on screen. Tap the Module button in the centre of the screen to view results.

o) Click Done.

p) When prompted remove the cartridge by opening the door and pushing the black release tab to the left. Close the door.

q) Dispose of the cartridge as clinical waste.

r) At the end of the working day/clinic switch the analyser module and handset off:

- On the handset tap ☰
- Tap Power off → select the specific module or tap All Modules → OK
- The module will switch off
- Press the on/off button on the side of the handset to switch it off

NOTE: Always confirm any results that do not fit the clinical picture by sending a sample to the laboratory.

10.2 Troubleshooting

Analyser issues will be flagged as shown below in the module button in the centre of the screen. Tap the button to display the error details and code. Information on errors is provided in the Siemens Atellica DCA User Guide, Troubleshooting section (PC/IFU/SHY-1).

Icon	Description
	Indicates a problem is detected but you can continue running tests.
	Indicates a problem is detected that you need to correct before you can continue running tests.

10.3 Searching for Patient Test Results on the Siemens DCA Atellica

a) Tap ☰ → Recall → Patient

b) Enter a start and end date for the search, or search by patient ID

c) Tap Continue to display the test results

d) Tap the result of interest to display the details

e) If a printer is available the result can be printed from this screen. A graph of patient history can also be displayed

f) Tap OK to return to the list of test results and Home to exit

10.4 Incidents

All clinical incidents relating to Point of Care equipment, results and operators should be reported by staff in the clinical area to POCT (see section 17 Contacts below). POCT will record clinical incidents on DATIX and within Pathology if the initial risk assessment is moderate or above. Further information on this is available in the SHYPS Policy for Continual Improvement document QM/POL/SHY-10.

11 Reporting of Results

The analytical range of the Siemens Atellica DCA is 20–130 mmol/mol. Results that are outside this range will be displayed as HI with an arrow ↑ or LO with an arrow ↓. Send a sample to the laboratory for confirmation.

Results are calculated automatically.

Patient results should be recorded within patient records according to local protocol.

Patient results are stored on the analyser and downloaded and stored periodically by POCT.

12 Reference Intervals

Guidelines recommend 48mmol/mol as the cut off for diagnosis and monitoring of diabetes in adults.[4] For further information on diagnosing diabetes in paediatrics please consult relevant clinician.

13 Performance Characteristics

The Siemens Atellica DCA analysers were evaluated by York and Hull POCT departments prior to routine use. The precision of the Atellica DCA precision was demonstrated by both sites to be within the manufacturer's stated limits.

The CVi (CVb, biological targets) for this assay as defined by the IFCC were not achievable by either the manufacturer or the York laboratory.

Patient comparisons between the new Atellica and the current DCA vantage method were performed. There was no statistical difference between the Atellica DCA and the DCA Vantage.

In the York laboratory the effect of haemoglobin variants on Atellica DCA HbA1c results was evaluated. Results are available from the laboratory.

Details of initial verification are available from the Hull and York laboratories on request.

14 Known Limitations and Interferences

14.1 Limitations

Patients with haemoglobin concentrations below 70g/L or greater than 200g/L may require analysis via a laboratory sample.

Conditions that decrease the lifespan of red blood cells are reported to cause HbA1c results to be lower than expected. These conditions include haemolytic or aplastic anaemia, polycythaemia, homozygous HbS and HbC, chronic malaria, liver disease. Antiretroviral drugs, for example dapsone and ribavirin can also decrease red cell survival and affect an HbA1c result.

Falsely elevated HbA1c results can be evident in conditions such as chronic opioid ingestions, lead poisoning, vitamin-E and vitamin-C ingestion, splenectomy and uraemia.

HbA1c results for patients who have had a recent blood transfusion are unreliable.

Highly lipaemic blood samples stored for long periods of time or frozen should not be assayed using this method.

Do not use HbA1c to diagnose diabetes during pregnancy. It reflects the average blood glucose levels over the preceding 3 months (the average life of a red blood cell) and may be falsely low during pregnancy.

14.2 Haemoglobin Variants

To assess the interference of haemoglobin variants on the performance of the assay, anticoagulated human blood samples with known concentrations of haemoglobin variants and HbA1c were tested by the manufacturer. The effect of each haemoglobin variant on assay performance was evaluated comparing the mean observed %HbA1c values obtained on the Atellica DCA Analyzer to the mean expected %HbA1c values.

The following haemoglobin (Hb) variants have been analysed by Siemens and found not to affect the Atellica DCA HbA1c test result: HbA2, HbAC, HbAD, HbAE, HbAJ and HbAS. The analyser can therefore be used for **monitoring** in these patients.

In Hull and York hospitals it is recommended that for all patients, and including those with known haemoglobin variants or patients with a family history of haemoglobin variants, HbA1c testing by POCT via the Siemens Atellica DCA is NOT used for diagnosis of diabetes.

Glycated haemoglobin F is not measured by the Atellica DCA HbA1c assay. At levels of haemoglobin F less than 10%, the Atellica DCA system accurately indicates the patient's glycaemic control. However, at very high levels of haemoglobin F (> 10%), the amount of HbA1c is lower than expected because a greater proportion of the glycated haemoglobin is in the form of glycated haemoglobin F.

HbA1c results for patients homozygous for HbS and HbC are reported to be falsely low due to decreased red cell lifespan.

14.3 Interferents

An internal interference study was performed by the manufacturer using Clinical and Laboratory Standards Institute (CLSI) Guideline EP07-A3, Interference Testing in Clinical Chemistry.

Siemens Healthineers tested the following potential interferents and found the results for the Atellica DCA Analyzer as shown in the table below. No significant interference (≤7% bias) was observed up to the following concentrations:

Endogenous Interferents	**Concentration**
Rheumatoid Factor	780 iu/mL
Cholesterol	400 mg/dL
Conjugated Bilirubin	40 mg/dL
Unconjugated Bilirubin	40 mg/dL
Glucose	55.6 mmol/L
Triglycerides	38.8 mmol/L
Total protein	150 g/L
Urea	42.85mmol/L
Glycated Albumin	7.7 mg/mL
Acarbose	0.03 mg/dL
Acetaminophen	0.256 mg/mL
Acetylsalicylate	3 mg/dL
Cyclosporin	0.18 mg/dL
Doxycycline hyclate	1.8 mg/dL
Glyburide	0.072 mg/dL
Heparin	330 U/dL
Ibuprofen	21.9 mg/dL
Insulin	450 microU/mL
Intralipid for Lipemia interference	484 mg/dL
Levodopa	0.75 mg/dL

Metformin	51 mg/dL
Methyldopa	2.25 mg/dL
Metronidazole	12.3 mg/dL
Salicylic acid	2.86 mg/dL
Chlorpropamide	66 mg/dL
Furosemide	1.59 mg/dL
Losartan	Losartan 3 mg/dL
Rifampicin	4.8 mg/dL
Biotin	0.351 mg/dL
Ascorbic Acid	5.25 mg/dL

15 Related Forms/Templates and Documents

PC/COS/SHY-1	Siemens Atellica DCA HbA1c Reagent Cartridge MSDS
PC/COS/SHY-2	Siemens Atellica DCA HbA1c Controls MSDS
PC/FOR/HU-73	Siemens Atellica DCA HbA1c Training and Competency Form (Hull)
PC/COM/YS-27	Competency Assessment for Atellica DCA HbA1c
PC/IFU/SHY-1	Siemens Atellica DCA User Guide (Hull)
PC/ED/SHY-1	Siemens Atellica DCA User Guide (York and Scarborough)
PC/IFU/SHY-2	Siemens Atellica DCA HbA1c Reagent Cartridge Insert
PC/IFU/SHY-3	Siemens Atellica DCA HbA1c Controls Insert
PC/INF/HU-20	Roche Glucose Meter Observed Patient Test Training Guide (Hull)
PC/INF/HU-43	HbA1c EQA Sample Instructions (Hull)
PC/RA/SHY-1	Risk Assessment for Use of the Siemens Atellica DCA HbA1c analyser

16 References

1. American Diabetes Association. 6. Glycemic targets: Standard of medical care in diabetes – 2018. Diabetes Care 2018; 41 (supplement): S55 – S64.

2. The International Expert Committee. International expert committee report on the role of the A1c assay in the diagnosis of diabetes. Diabetes Care 2009; 1327 – 1334.

3. Sacks DB. Measurement of hemoglobin A1c – A new twist on the path of harmony. Diabetes Care 2012, 35: 2674 – 2680.

4. Diagnosing Diabetes. Hull & East Riding Prescribing Committee (HERPC), April 2022.

17 Contacts

Hull POCT Contacts

POCT Office	HRI 607741	email hyp-tr.pathology.poct@nhs.net
POCT Manager	HRI 607726	email alexandra.clubley@nhs.net

Hull Clinical Advice and Interpretation

Clinical advice regarding POCT results is available 9am-5pm from the duty biochemist and from the biochemistry consultant on call outside core hours (contact via biochemistry laboratory on 607772). Clinical enquiries can also be directed to the clinical lead for POCT, Consultant Chemical Pathologist Dr Deepa Narayanan, contacted via secretary Molly Bradshaw 01482 311849.

York POCT Contacts

POCT Office York (01904 72) 5890
POCT Office Scarborough (01723 34) 2659
POCT email yhs-tr.POCT.Team@nhs.net