Carbohydrate-Deficient Transferrin (CDT) Testing Procedures Summary of Requirements

The Nursing and Midwifery Council's **Carbohydrate-Deficient Transferrin (CDT) Testing Policy,** 2 June 2011 applies to all practitioners with a condition on registration which requires CDT testing. You are expected to strictly comply with all the requirements set out in the Policy for each stage of the process. Compliance with the CDT Policy will be closely monitored by the Council.

To assist with your compliance, the following information contained within the Council's CDT Testing Policy is highlighted:

1. Please read the CDT Testing Policy carefully and discuss the requirement for CDT testing with your treating health practitioners and/or staff at your local pathology practice.

2. As a practitioner with conditions on registration which stipulate that you must attend for CDT testing, you must bear the costs associated with blood collection and CDT testing.

3. **Collection of the blood sample** is to be directly supervised by a supervisor approved by the Council and who is aware of the Council's CDT Testing Policy. Your nominated supervisor may be your GP or a senior staff member at a pathology provider. Once you have located a suitable supervisor, please provide details of your nominated supervisor using the **Notification of Nominated CDT Supervisor form** (available from the Council's website).

4. **Testing of the blood sample** must be undertaken by the Department of Biochemistry at Concord Hospital OR by an alternative pathology provider approved by the Council.

    a. If you are using the services of Concord Hospital **please contact Concord Hospital directly on (02) 9767 6663 prior to commencing CDT testing so that invoicing arrangements can be put in place**.

    b. To obtain approval for an alternative pathology provider for CDT testing, you must provide sufficient information to demonstrate that the Policy will be followed including name and address details of a contact person at the nominated pathology practice.

5. **Blood must be drawn on the first Monday of the month.** You must attend on the specified day. It is not acceptable to attend on other days in lieu of a specified collection day without prior Council approval. Should the first Monday of the month fall on a public holiday, blood should be drawn on the following business day.

6. You are required to contact the Council and provide an explanation in writing if you are unable to attend for CDT testing on any occasion (Fax: (02) 9281 2030 or email: mail@nursingandmidwiferycouncil.nsw.gov.au).

7. You are required to provide the Council with five (5) business days notice before any anticipated absence and you are required to provide evidence of your absence.

8. CDT test results must be forwarded directly to your treating practitioners and the Council within one (1) week of the testing being completed.

Please ensure that you provide your consent for your treating practitioners and the Council to receive the CDT results. CDT Test results forwarded to the Council should be addressed to the Executive Officer, Nursing and Midwifery Council, Locked Bag 20 Haymarket NSW 1238.

Nursing and Midwifery Council of New South Wales
www.nursingandmidwiferycouncil.nsw.gov.au
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1. Introduction

A practitioner (also referred to in this Policy as the "participant") may be required to undertake Carbohydrate-Deficient Transferrin (CDT) testing where a presenting health problem is related to the harmful use of alcohol. The test is designed to identify excess consumption or harmful use of alcohol.

This Policy applies to all practitioners with a condition on their registration which requires CDT testing. It has been developed to inform practitioners of the Council's expectations and to ensure consistency in the running of CDT testing procedures.

2. Collection

Blood samples for alcohol tests are to be drawn by a pathology provider or medical practitioner. This facility is available through most major pathology laboratories. Alternatively, a treating practitioner (such as a general practitioner) may be nominated to draw the blood sample and arrange for it to be transferred to a pathology practice for separation, the serum then being sent for testing. The participant may be required to seek Council approval of the arrangements for drawing blood samples.

The participant must ensure the pathology laboratory or medical practitioner collecting the specimen has a copy of this Policy.

At no time should the participant be responsible for the drawing or custody of the sample.

3. The Test

The Department of Biochemistry at Concord Hospital uses the Dade Behring N Latex CDT® Particle Enhanced Nephelometric Immunoassay (PENIA) for the determination of percentage Carbohydrate-Deficient Transferrin (%CDT). The Dade Behring method uses a specific CDT monoclonal antibody to ensure there are no false positive results due to genetic variants or other non-alcoholic liver disease causing deficiencies in sialic acid content of transferrin. The reference range for %CDT using this method is 1.2 – 2.2%. This is local data determined by a large study at Concord Hospital using the Sydney metropolitan population of non-alcohol abusers (99th percentile of the "social drinking" control population). The method shows good correlation with both the well-established Tina-quant % CDT 2nd Generation ® and HPLC assays.

A raised CDT greater than 2.2% is highly suggestive of chronic harmful alcohol abuse.

Participants are required to have their samples tested at Concord Hospital. The Department of Biochemistry at Concord Hospital may be contacted on (02) 9767 6663. However, a practitioner may submit the name of an alternative pathology laboratory which meets the above testing requirement for approval by the Council.

4. Elevated %CDT

If the participant returns a sample with an elevated %CDT, the participant may be required to provide a further blood sample for determination of the level of GGT (γ-glutamyl transferase). This test may be undertaken at a pathology laboratory of the participant's choosing, though the collection supervision must remain the same. There is no correlation between GGT and

CDT, but if they are both raised the sensitivity of the diagnosis of harmful use of alcohol is increased.

If the participant returns a sample with an elevated %CDT, the participant will be required to provide a written explanation for the consideration of the Council.

5. Sample Material

Serum is the only recommended sample material. Plasma is unsuitable. 1.5mL of serum is the minimum requirement for the test (a standard 7ml collection tube will yield approximately 3.5ml serum). Samples of frozen serum are to be forwarded to the pathologist for analysis.

6. Record of Collection

The participant is required to keep and maintain a log book of sample collections, each collection record signed by the person responsible for drawing the sample. Copies of this record, or part thereof, must be made available to the Council on request.

7. Cost

The test does not attract a Medicare rebate. The participant is required to meet the cost of such testing by paying the pathology laboratory directly. The collection may also incur a fee, for which the participant is also responsible for paying.

Pathology laboratories may collect payment before or after the service has been provided. Unpaid accounts may lead to the laboratory ceasing the service. Failure to pay will be considered the same as failing to attend for sample collection.

8. Privacy

Pseudonyms may be used where the participant is concerned about confidentiality. The Council, treating practitioner(s) and Council-appointed practitioner(s) must be advised of the pseudonym that will appear on any test results or other documentation.

9. Failure to Attend

The participant must attend for Alcohol Testing in accordance with his / her conditions of registration. A failure to attend for testing or raised %CDT levels (i.e. above the acceptable range) may be viewed as a potential breach of the participant's conditions.

Critical Compliance Conditions

Participants may be required to undergo %CDT testing as a result of Critical Compliance Conditions imposed on their registration by the Nursing and Midwifery Tribunal or Professional Standards Committee. If the participant is subject to a critical compliance condition in relation to %CDT testing and is in breach of this Policy, the discretion which the Council may exercise is severely limited. Instead, the Council is required by the *Health Practitioner Regulation National Law (NSW)* (the Law) to take the following action:

a) Convene proceedings pursuant to Section 150 of the Law. If the delegates of the Council conducting the proceedings are satisfied that the participant has contravened the Critical Compliance Condition imposed on his/her registration, the participant will be suspended until a complaint concerning the matter can be dealt with by the

Tribunal.

b) Refer a complaint concerning the participant's breach of the Critical Compliance Condition to the Tribunal. If the Tribunal is satisfied that the participant has contravened the Critical Compliance Condition, the Tribunal must order the participant's de-registration.

10. CDT Testing Procedure

a. Blood is to be drawn by a collection supervisor. Most of the major pathology laboratories are able to draw the blood sample, or alternatively, a nominated medical practitioner may draw the sample for direction to a pathology laboratory for separation and freezing, then forwarded to the testing pathology laboratory. Prior to the commencement of CDT testing, the participant will be asked to nominate, for Council approval, a pathology laboratory or a medical practitioner to provide the collection service.

b. If the sample is not collected at a pathology collection centre, the sample must be directed to a pathology laboratory for separation and freezing.

c. The minimum requirement for the test is 1.5ml of serum (a standard 7ml collection tube will yield approximately 3.5ml of serum).

d. Blood should be drawn on the **first Monday of the month**, unless otherwise specified in the conditions of registration. Should this fall on a public holiday, blood should be drawn the following business day.

e. Samples of frozen serum are to be forwarded to the testing pathology laboratory for analysis.

f. CDT testing results must be forwarded by the pathologist directly to the Council, the treating practitioner(s), the Council-appointed practitioner(s), and any other person(s) specified in the conditions of registration. The participant may also find it useful to receive a copy.

g. The Council-appointed practitioner(s) must bring any abnormal CDT testing results to the immediate attention of the Council in addition to noting the result in their next report.

h. The participant is to notify the Council and the Council-appointed practitioner(s) at least five (5) business days in advance of any proposed absence or leave that will interfere with compliance, and provide evidence. An alternative date for testing will then be arranged.

i. Raised levels of CDT without explanation or a failure to attend and provide a sample as directed without a reasonable excuse are regarded as breaches. The participant will be required to provide a written explanation for the consideration of the Council. Other processes apply in the event %CDT Testing is a Critical Compliance Condition on the participant's registration.

j. Any breach of this protocol may result in disciplinary action.

11. Further Information

Further information on the Dade Behring N Latex CDT ® PENIA method can be sought from Dade Behring Diagnostics Australia Pty Ltd.

Adapted from the Medical Council of New South Wales *Protocol 2010*

Document control

Approved by	Date	Review date
Nursing & Midwifery Council	2.6.11	June 2017

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