**Podiatry Council of New South Wales**

**PROTOCOL FOR ALCOHOL TESTING**

**Carbohydrate-Deficient Transferrin (CDT)**

1. **INTRODUCTION**

The Council’s protocol for Carbohydrate-Deficient Transferrin (CDT) applies to all practitioners with a condition on their registration which requires CDT testing. Practitioners are expected to strictly comply with all the requirements set out in the Protocol for each stage of the process. Compliance with the CDT Protocol will be closely monitored by the Council.

A practitioner may be required to undertake CDT testing where the presenting health problem is related to the harmful use of alcohol. The test is designed to identify excess consumption or harmful use of alcohol.

1. **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 medical 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 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 treating medical practitioner collecting the specimen has a copy of this policy and protocol.

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

1. **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%. 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.

1. **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.

1. **SAMPLE MATERIAL**

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

1. **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 must be made available to the Council on request.

1. **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 Practitioners must be advised of the pseudonym that will appear on any of the test results.

**9. FAILURE TO ATTEND**

The participant must attend for CDT 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.

**10. CRITICAL COMPLAINCE ORDERS**

If the participant is subject to a critical compliance condition in relation to % CDT testing and is in breach of this protocol, the discretion which the Council may exercise is severely limited. Instead, the Council is required by the *Health Practitioner Regulation National Law (NSW)* to take the following action:

1. Convene proceedings pursuant to Section 150 of the *Health Practitioner Regulation National Law (NSW)*. If the Council is satisfied that the participant has contravened the Critical Compliance Condition imposed on his or her registration, the participant will be suspended until a complaint concerning the matter can be dealt with by the Tribunal.
2. 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.

**12. CDT TESTING PROCEDURE**

1. 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 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.
2. If the sample is not collected at a pathology collection centre, the sample must be directed to a pathology laboratory for separation and freezing.
3. 1.5mL of serum is the minimum requirement for the test (a standard 7 mL collection tube will yield approximately 3.5 mL of serum).
4. 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.
5. Samples of frozen serum are to be forwarded to the testing pathology laboratory for analysis.
6. CDT testing results must be forwarded by the pathologist directly to the Council, the treating practitioner(s), the Council-appointed practitioners (CAP)s , and any other person(s) specified in the conditions of registration. The participant may also find it useful to receive a copy.
7. The CAP(s) will 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 CAP(s) at least five business days in advance of any proposed holidays or leave that will interfere with compliance. An alternative date for testing will then be arranged.

1. 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.
2. Any breach of this protocol may result in disciplinary action.

Adapted from the Nursing and Midwifery Council of New South Wales’ ‘*Carbohydrate-Deficient Transferrin Testing Policy’* 2 June 2011.

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| **Approved by**  | **Date**  |
| Podiatry Council of New South Wales  | 19 March 2014 |