Dear Colleagues,

Some microbiology laboratories have introduced a new automated microscopy analyser, which now reports red and white cells in numerical values. This advantage of this is that they can perform cells counts on synovial and serous fluids. However, this has led to some confusion when red cell counts are reported at microscopy.

There is no national guidance on acceptable ranges for red blood cells (RBCS) present in urine. The NICaN Urology Clinical Reference group, in line with British Association of Urological Surgeons guidance, recommend

- Use **urine dipstick samples** where possible as this is considered a sensitive method of haematuria detection.

- Routine microscopy to confirm dipstick haematuria **is not** needed, as community-based urine samples sent for microscopy have a significant false negative rate.

- Samples should be fresh voided urine without preservatives.

- Store your dipsticks carefully- if you leave the top off test strips they may oxidise. Replace bottle cap immediately to avoid false positives. Dipstick testing should only be performed by trained and competent staff in accordance with manufactures procedures.

- Non-visible haematuria/ microscopic haematuria is **1+ or greater**. Trace haematuria is not significant, disregard, record as negative and this does not require additional investigation.

- Persistent asymptomatic non-visible haematuria is diagnosed when **2 out of 3 dipstick tests are positive for 1+ or greater over six to eight weeks** in the absence of lower urinary tract symptoms.

- Significant haematuria is
    a. Any single episode of visible haematuria.
    b. Any single episode of symptomatic non-visible haematuria. Symptoms such as lower urinary tract symptoms; hesitancy, frequency, urgency, dysuria, in the absence of UTI.
    c. Persistent asymptomatic non-visible haematuria, in the absence of UTI.

Yours Faithfully,

Mr Mark Haynes

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