Suggested Upper 'Targets.' Total turnaround time target < = 72 hours.

1. Written/electronic informed patient consent. Obtain written/electronic patient consent at study entry and verbally before sampling.
2. Take biomarker samples. Take at regular time each week (e.g. Mon, Thurs) first thing in the morning. Consider asking ward team to do alongside their regular early morning bloods Use separate dedicated tube for each biomarker (avoid ordering other tests on same tubes). Consider requesting in advance regular tests.
3. Transport samples to local laboratory. Identify the time for the lab to receive samples by so they can be sent away on the same day. Ensure robust rapid transport so local lab receives samples well before last-of-day transport to testing lab. Or consider taking samples to lab yourself if above not possible.
4. Administrative processing at local laboratory. Review process and adapt to safely to minimise time (try to avoid prolonged 'holding' in lab). Consider whether send-away forms can be pre-populated or a SOP developed for other staff to complete them.
5. Sample processing at local laboratory. Avoid unnecessary processing! Send tubes to testing lab as they are (NOTE: opening samples increases risk of contamination with environmental glucan as well as causing delay). Do not batch samples for transport later in the week.
6. Transport samples to testing laboratory. If not done locally. Avoid sending by routine post. Review provider performance (HAYES DX has been reported as being reliable).

Points 1 to 6 should take 24 hours.

7. Sample processing and analyses at testing laboratory. Usually takes <=24-48 hours. Consider releasing initial Galactomannan (GM) result before repeat test. Consider using GM lateral flow test as '2nd test' for the Platelia assay (locally or in testing lab).

Point 7 should take 24 hours.

8. Communication of results from testing to local laboratory. Review current process – agree a rapid, robust approach with testing lab. Align with existing laboratory information management system. Consider NPEX if not used. Consider use of dedicated email address (@nhs.net) for testing lab to send results to (consider copying in clinical/research teams) [For Bristol lab contact NBT ICE help desk for an ice account servicedeskplus@nbt.nhs.uk; nhs.net account required.
9. Communication of results from local laboratory to clinical team. Review process and adapt to safely minimise time taken. Consider as a priority result rather than routine. Local research nurses to contact local and then testing lab if no results by 72 hours (a dedicated email could be used for this; see above.

Points 8 and 9 should take 24 hours.