PHYSICIANS LABORATORY SERVICES
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TECHNICAL BULLETIN

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GRAY TOP TUBES FOR URINE CULTURES

Effective, December 1, 2012, Urinalysis testing will no longer be performed on BD Vacutainer® Culture and Sensitivity Preservative Tubes (gray top tube in kit). The recommendations provided by the manufacturer state that urinalysis testing should not be performed using these tubes. Clients will be notified and specimens will need to be resubmitted in sterile urine cups. BD Vacutainer® Culture and Sensitivity Preservative Tubes (gray top tube kits) will still be accepted for Urine Cultures.

#1299 Urinalysis
#2299 Urinalysis with Microscopic Examination
#4216 Urinalysis with Reflex to Culture
Specimen: 10mL random urine submitted in sterile cup.

#603 Urine Culture including Colony Count
Specimen: BD Vacutainer® Culture and Sensitivity Preservative Tubes (gray top tube kit) or 10 mL random urine submitted in Sterile Cup.

Questions: Regina Huff
Omaha Hematology Supervisor

BLUE SODIUM CITRATE TUBES

We are still receiving a number of blue top tubes that are not meeting the minimum requirements for accurate results. A **minimum** fill line is located on each blue top tube. Please make sure that each sample is filled before submitting for testing. A discard tube (without additives) **MUST** be used if the citrate tube is to be drawn first. It is important to remove the air from the blood collection set to ensure the proper blood volume is obtained in the blue tube. Do not submit the discard tube with the requisition. **DO NOT FILL** from other tubes or combine two partially filled citrate tubes.

Sodium Citrate tubes submitted for coagulation testing must be filled to the proper fill line to ensure an accurate ratio of anticoagulant to blood. Under-filling or overfilling of these specimen tubes will adversely affect results that are used for screening and therapeutic dosage of patients.

Questions: Regina Huff
Omaha Hematology Supervisor

CARROT BROTH MEDIA FOR GBS

Physicians Laboratory's Microbiology Department has updated the methodology used for genital Group B Strep screening. This method provides our clients with greater sensitivity and faster turnaround time. Positive tests can now be detected in as little as six hours, with negative testing reported at 48 hours (one day sooner than our previous method). The StrepB Carrot Broth test is a rapid cost-effective alternative to PCR testing, with the option to perform susceptibility testing when patient penicillin allergy is a consideration.

Questions: Shari Talbert - Microbiology Supervisor

HPV HIGH RISK SCREEN W/ REFLEX TO 16/18 TEST# 7614

Effective June 1, 2012, our Molecular Department switched to a new, signal amplification HPV methodology. It is designed to screen patients with ASCUS cytology results to determine the need for referral to colposcopy. This new method qualitatively detects 14 high risk types and is reported out as positive or negative. Positive results will reflex to the genotype where it is differentiated as positive or negative for 16 and 18.

The new method has a better turn around time, follows ASCCP guidelines and is FDA approved for HPV testing.

Screens are run daily (Mon-Fri). Turn around time is typically 48 hours if negative. Reflex 16/18 testing is performed on positive patients every other day (Mon-Fri).

Questions: Stacey Morrow - Molecular Supervisor

GRANDFATHER PROVISION – TC COMPONENT

Effective June 30, 2012, the TC grandfather provision ended. The elimination of the grandfather clause requires laboratories to charge all hospitals for the technical component.

In order to provide correct billing charges to our hospital clients, **all lab orders must clearly state whether the patient is in-patient, out-patient, or non-patient (clinic).** If this information is not indicated on the order, our billing department will process the claim as an in-patient and bill the technical component back to the hospital.

Questions: Kacey Moreland
Director of Marketing

VITAMIN D TESTING

Effective July 23, 2012, Physicians Laboratory started using a new methodology for Vitamin D testing. This testing is performed by chemiluminescence, which provides faster turn around time with the added benefit of measuring 100% total D2 and D3. The testing will be performed on the IDS ISYS and provides good correlation with the gold standard LC/MS methodology for measuring Vitamin D as evidenced by the Vitamin D External Quality Assessment Scheme (DEQAS).

Epidemiological studies indicate that approximately 50% of adults in the U.S. have insufficient circulating Vitamin D. Recent research suggests that Vitamin D insufficiency has been linked to over 50 different diseases. Every added 100 IU per day of Vitamin D3 raises the blood levels by approximately 1 ng/mL. Vitamin D levels should be rechecked approximately 3 months after the initiation of therapy.

Test #9277 **Vitamin D 25-Hydroxy**
Specimen: 1.0 mL Serum
Storage: Refrigerated 5 days. Frozen 6 months.
Performed: Monday – Friday
CPT code: 82306

Modified Reference Ranges:

Deficient	<10 ng/mL
Insufficient	10-29 ng/mL
Sufficient	30-100 ng/mL
Potential intoxication	>100 ng/mL

Questions: Patsi Tobey
Lincoln Lab Supervisor

BILLING AND DEMOGRAPHIC INFORMATION

For any demographic, billing, or test/order changes, whether you use an EMR (electronic medical record system) or Copia, please call Client Services. You may then be directed to send in a copy of a corrected requisition with the corrected sections circled and initialed.

Once an order has been placed via an EMR interface or Copia, making changes will not affect the already accepted order and we will not receive the corrected information.

Client Services: (402) 731-4145 Omaha Office
(402) 488-7710 Lincoln Office

For manual requisitions, it is imperative to clearly indicate the billing method on the requisition: Bill Client, Bill Insurance, and Patient Bill. While sending along a demographic sheet is very helpful, we still cannot assume how to bill for the patient's lab work. If the correct billing information is not accompanying the specimens, billing will be delayed and may result in unnecessary calls to your office.

LEAD TESTING

REFERENCE RANGE CHANGE

Beginning December 1, 2012, Physicians Laboratory will implement a new reference range for children's blood lead levels. The CDC recommends that the reference range for lead in children be lowered from < 10.0 mcg/dL to < 5.0 mcg/dL. This new lower value means more children will be identified as having lead exposure allowing parents, doctors and public health officials to take action earlier to reduce a child's exposure to lead. (CDC Oct 2012).

#809 Lead, Whole Blood
Old Children's Reference Range < 10.0 mcg/dL
New Children's Reference Range < 5.0 mcg/dL

Questions: Jan Nelson
Omaha Chemistry Supervisor

ADDITIONAL INFORMATION NEEDED

- When ordering a Differential Peripheral Blood Smear Examination (#204) or Peripheral Smear Pathologist Consultation (#3957), please include a copy of your CBC results. This information is necessary for evaluation and interpretation by technical staff and pathologists.
- When sending specimens to our lab for Urinalysis, Microscopic Only, please include a copy of any dipstick results that your facility has performed. This information is helpful in evaluating the microscopic examination.

PHYSICIANS LABORATORY - WEBSITE

www.physlab.com

Our website offers our clients valuable information and time saving resources. In order to provide you with the most current information and advanced IT capabilities, we offer the following via our website:

- PATIENT RESULTS VIA ONLINE PORTAL
- TEST DIRECTORY
- CAP & CLIA CERTIFICATES
- ONLINE SUPPLY ORDERS
- INTERNET BILL PAY
- PAST TECHNICAL BULLETINS & MEMOS

Please call or email Kacey Moreland if you would like access to online patient results or have questions regarding any of the services mentioned above.

(402) 677-8872 or kmoreland@physlab.com