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TECHNICAL BULLETIN

JUNE 2018

DISCONTINUATION OF SUREPATH PAP SMEARS – EFFECTIVE JULY 15TH

Due to the limited number of SurePath specimens received by Physicians Laboratory, testing will no longer be performed on these samples. Effective July 15th, Physicians Laboratory will start calling on all SurePath vials received to remind clients of the discontinuation of testing on SurePath vials and beginning on August 1st testing will be cancelled. Account managers are in the process of contacting all clients to inform them of the change and assist with replacing all pap supplies. Physicians Laboratory will continue to perform Pap smears utilizing the ThinPrep vial.

ACCEPTABLE:

NOT ACCEPTABLE:

The following SurePath tests will be deactivated effective August 1st:

DEACTIVATED 3517 Pap smear, SurePath Liquid Based
DEACTIVATED 3617 Pap smear, SurePath w/ Reflex to HPV (ACOG Guidelines)

The test numbers for ThinPrep testing are as follows:

3516 ThinPrep Liquid Based
3515 ThinPrep, Computer Imaged
3616 ThinPrep w/ Reflex to HPV (ACOG Guidelines)
3615 ThinPrep, Computer Imaged, w/ Reflex to HPV (ACOG Guidelines)

QUANTIFERON TB GOLD – TEST #9711 NOW REQUIRES NEW TEST KIT ~ EFFECTIVE JUNE 18TH

The additional tube (TB 2 antigen) detects $CD8^+$ T-Cell IFN-g production and enhances sensitivity of the assay, especially in those patients with recent exposure to *Mycobacterium tuberculosis*. Please collect 1 ml of blood by venipuncture directly into each of the four Quantiferon-TB Plus blood collection tubes using only a vacutainer or syringe. The four tubes will consist of a gray cap (nil control), green cap (TB1 antigen), yellow cap (TB 2 antigen), and purple cap (mitogen positive control). It is recommended to collect in the following order: gray cap, green cap, yellow cap, and purple cap. Please call client services to order new kits.

PROCALCITONIN #7497 NOW PERFORMED IN-HOUSE ~ EFFECTIVE IMMEDIATELY

Procalcitonin is a prohormone ubiquitously and uniformly expressed in multiple tissues throughout the body in response to sepsis. In healthy conditions, the PCT levels in circulation are very low (< 0.05 ng/ml). Elevated circulating levels of PCT are important indicators in response to microbial infections and a powerful tool in the early detection of sepsis. PCT increases approximately 3 hours after bacterial infection, reaching maximum values after 6-12 hours with a half-life of 25-30 hours. Elevated PCT may not always be caused by systemic bacterial infection. Certain patient characteristics, such as severity of renal failure or insufficiency, may influence Procalcitonin values and should be considered as potentially confounding clinical factors when interpreting PCT values.

Increased PCT levels may be observed in severe illness such as polytrauma, burns, major surgery, prolonged or cardiogenic shock. If there is a disagreement between the laboratory findings and the clinical signs, additional tests should be performed.

Specimen requirements:	Serum, EDTA or Heparinized Plasma separated from cells ASAP Refrigerated 72 hours or Frozen 3 months
Reference Range:	</= 0.5 ng/mL – Low risk of severe sepsis. Antibiotics discouraged 0.5-2.0 ng/mL – Increased likelihood for sepsis. Antibiotics encouraged >2.0 ng/mL – High risk for sepsis/septic shock. Antibiotics strongly encouraged.

URINE TESTING – INCLUDE COLLECTION METHOD AND TIME OF COLLECTION ON PATIENT ORDER

Urinalysis and urine culture results are greatly impacted by missing, or inaccurate sample information. In order to receive the most timely and accurate results, all urine samples need to be labeled with collection date, time, and method of collection on both the sample and on the requisition. Please select the method or make a note on the requisition manually.

The collection method options are as follows:

Clean catch midstream	Suprapubic Catheter
Indwelling Catheter	Urostomy
Nephrostomy	Voided
Pedibag	Cystocentesis (veterinary)
Straight Catheter	

All samples received without collection method information will be regarded as voided. This can affect workup protocol. All samples received without collection date and time will cause a delay in testing and result in phone calls to your facility to obtain proper information.

Please make every effort to instruct all staff to include the proper information when submitting urine samples.

COMPLETE NAME & CREDENTIALS NEEDED

In order to better document calls to client offices regarding critical results and specimen information, Physicians Laboratory personnel will now ask for the full name of the individual taking the call. This will include first name, last name, and credentials. This will help to eliminate any confusion when there are multiple people in an office with the same first name.

B. PERTUSSIS AND PARAPERTUSSIS #8201 ~ TEST METHOD & CPT CHANGE EFFECTIVE JULY 1ST

PLS (in-house) lab developed Bordetella testing will change to FDA approved ARIES® *Bordetella* Assay on July 1st. The ARIES® *Bordetella* Assay is a real-time PCR qualitative in vitro diagnostic test for the direct detection and identification of *Bordetella pertussis* and *Bordetella parapertussis* nucleic acid obtained from individuals suspected of having a respiratory tract infection attributable to *B. pertussis* or *B. parapertussis*.

Specimen Collection: Nasopharyngeal Swab in M4 Media or Universal Transport Media
Stability: Refrigerated 7 Days
CPT CODE CHANGE: 87798x2