

Medical Center, Navicent Health
MEDICAL LABORATORIES COMMUNIQUE'
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BLOOD BANK

Pre-Transfusion Requirements

Effective October 1, 2018, Patients with no previous history of blood typing will need a second blood sample drawn for ABO determination.

Navicent Health's Transfusion Service is the only AABB (American Association of Blood Banks) accredited facility in Central Georgia. AABB has revised their standard to prevent the risk of mis-transfusion. The new standard states: "There shall be two determinations of the recipient's ABO group. The first determination shall be performed on a current sample, and the second determination by one of the following methods: testing a second current sample; or comparison with previous records."

All AABB accredited facilities must comply with the revised standard. Our computer system will look for a previous history and if none is found, order a second ABO/Rh Retype automatically. Blood bank staff will call the nurse if a second collection is needed. If it is a nurse collect, nursing will need to collect and label a second sample, per policy. If it is a lab collect, lab will collect and label a second sample per policy. Patients in crisis requiring blood, with no history, will be transfused with products per BB/PCS emergency blood release process.

As a reminder all samples must be labeled with: the patient's full name, MRN, DOB, the date and time the specimen was collected, and the initials of the collector.

For further details, please reference Work Instruction: Second Sample ABO/RH Determination Workflow found in Policy Tech.

SENDOUT TESTING

Newborn Screening Result Reporting: Effective August 8, 2018 the Georgia Newborn Screen Report (NBS) will be displayed in a new location in the hospital computer system. The results will be in a PDF format as reported in its entirety by the Georgia Public Health Laboratory – Central Facility. The report will be filed at the encounter level in Cerner under Laboratory documents.

For those physician offices, connected by EMR systems, the Newborn Screen Report will automatically be faxed to your office along with other documents you currently receive from the hospital. Please look for the faxed copy of the original NBS report issued by Georgia Public Health Laboratory.

Please contact the HIM Continuity of Care Department at 478-633-1202 if you have questions about this transition or need information on a specific patient.

CHEMISTRY

Urine Legionella: Effective Jun 13, 2018 the urine Legionella antigen test will be performed in house. Legionella, a genus of bacteria, that naturally occurs in fresh water, like lakes and streams, can become a health concern when it spreads into building water systems. More information about the clinical presentation can be found at <https://www.cdc.gov/legionella/clinicians>. The test will be performed 7 days a week up to twice each day.

Free PSA: Effective September 22, 2018 Free PSA will be performed inhouse, 7 days a week. Elevated total PSA is associated with prostate cancer; but PSA can be elevated for other reasons as well. Individuals with elevated total PSA that is less than 10% free PSA are at a great risk (49-65%) of cancer. This test can be used to adjust cancer risk prior to biopsy.

Beta-2 Microglobulin: Effective September 22, 2018 serum beta-2 microglobulin (B2 M) will be performed in house, 7 days a week. B2 M is a small protein that can be elevated in diseases with increased cellular turnover, renal dysfunction, liver disease or hematologic malignancies. In individuals with diagnosed multiple myeloma lower levels are associated with longer survival. In renal tubular disease serum levels will fall while urine levels (typically low) will rise.

MICROBIOLOGY

HIV Viral Load: Effective August 1, 2018 HIV viral load testing will be performed two times a week in house, depending on test volume. HIV viral load is a nuclear amplification test (NAT) and should be used to: 1) determine the viral level in a patient's blood who has confirmed HIV-1 positive on the HIV Screen, or 2) determine the presence of HIV-1 virus in specimens that were indeterminate on the HIV screen and confirmatory testing, or 3) to monitor compliance to retroviral therapy.

HCV Viral Load: Effective August 1, 2018 HCV viral load testing will be performed two times a week in house, depending on test volume. HCV viral load is a nuclear amplification test (NAT) and should be used to confirm HCV positive screens and monitor therapy. This test must be performed prior to genotyping to determine if the virus is present and of sufficient quantity to necessitate genotype testing.

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Test Information Guide – New and Revised Tests

TEST Name: Georgia Newborn Screen Report (NBS)

Alternate name: NBS, Newborn Metabolic Screen, Newborn Metabolic Screen at 24 hours of life, PKU Screen (Newborn Metabolic Screen)

Specimen: PKU Card

Minimum Volume: 0.5 mL

Stability: 5 days at room temp

CPTs: 84030

Interpretative guide

[http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/Georgia Newborn Screening Manual.pdf](http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/Georgia%20Newborn%20Screening%20Manual.pdf)

TEST Name: Urine Legionella

Alternate name: Legionella Ag Urine

Specimen: Urine

Minimum Volume: 1.00 mL

Stability: 7 days at 2-8°C

Available: 7 days a week 7am-3pm

Turnaround Time: 24 hours

CPTs: 87449

Normal Ranges: Negative

Interpretative guide

Positive- Positive for Legionella pneumophila serogroup 1 antigen in urine, suggesting current or past infection. Culture is recommended to confirm infection.

Negative- Negative for L pneumophila serogroup 1 antigen in urine, suggesting no recent or current infection. Infection with Legionella cannot be ruled out because: -Other serogroups and other Legionella species can cause disease. Antigen may not be present in urine in early infection

TEST Name: Free PSA

Alternate name: Free PSA/PSA, PSA Total and Free, PSA Free

Specimen: Gold Gel (Clot Tube)

Minimum Volume: 2mL

Stability: 24 hours at 2-8°C

Available: 24 hrs; 7 days a week

Turnaround Time: 2-4 hrs

CPTs: 84153-Total

84154-Free

Interpretative guide When total PSA is in the range of 4.0-10.0 ng/mL, a free: total PSA ratio < or =0.10 indicates 49% to 65% risk of prostate cancer depending on age; a free: total PSA ratio >0.25 indicates a 9% to 16% risk of prostate cancer, depending on age.

TEST Name: Beta 2 Microglobulin

Alternate name: B2M

Specimen: Gold Gel (Clot Tube)

Minimum Volume: 2mL

Stability: 3 days at 2-8°C,

Available: 24 hrs; 7 days a week

Turnaround Time: 2-4 hrs

CPTs: 82232

Normal Ranges: 0.97 to 2.64 mg/L

Interpretative guide Serum beta-2-microglobulin (B2M) <4 mcg/mL is a good prognostic factor in patients with multiple myeloma.

TEST Name: HIV Viral Load

Alternate name: HIV PCR Quant

Specimen: Lavender

Minimum Volume: 1mL

Stability: Centrifuge within 24hr of collection. 5 days at 2-8°C.

Available: 2 days a week

Turnaround Time:

CPTs: 87536

Normal Ranges: Not detected

Interpretative guide: Concentrations <30 copies/mL detected (or log <1.47) HIV-1 is detected by a level below the limit of quantification. In concentrations 30 to 10,000,000 copies (or log 1.47 to 7.00) HIV-1 RNA concentration is within the linear range of 30 to 10,000,000 copies/mL.

TEST Name: HCV Viral Load

Alternate name: Hepatitis C PCR Quant

Specimen: Gold Gel (Clot Tube)

Minimum Volume: 1mL

Stability: Centrifuge within 6hr of collection.

5 days at 2-8°C.

Available: 2 days a week

Turnaround Time:

CPTs: 87522

Normal Ranges: Not detected

Interpretative guide: Concentrations 25 to 100,000,000 IU/mL (or 1.40 to 8.00 log values) are indicative of current HCV infection. Values below 25 IU/mL can be due to new infection or a clearing infection and should be investigated further.