

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 should 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 Oct 1, 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 October1, 2018 serum beta-2 microglobulin will be performed inhouse, 7 days a week. B-2 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 inhouse, 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 inhouse, 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: PKU,
Specimen: Newborn screen card
Minimum Volume:
Stability:
Available:
Turnaround Time:
CPTs:
Normal Ranges:

Interpretative guide

TEST Name: Urine Legionella

Alternate name:
Specimen: Urine
Minimum Volume:
Stability:
Available:
Turnaround Time:
CPTs:
Normal Ranges:

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TEST Name: Free PSA

Alternate name:
Specimen:
Minimum Volume:
Stability:
Available:
Turnaround Time:
CPTs:
Normal Ranges:

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TEST Name: Beta 2 Microglobulin

Alternate name:
Specimen:
Minimum Volume:
Stability:
Available:
Turnaround Time:
CPTs:
Normal Ranges:

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TEST Name: HIV Viral Load

Alternate name:
Specimen:
Minimum Volume:
Stability:
Available:
Turnaround Time:
CPTs:
Normal Ranges:

Interpretative guide

TEST Name: HCV Viral Load

Alternate name:
Specimen:
Minimum Volume:
Stability:
Available:
Turnaround Time:
CPTs:
Normal Ranges:

Interpretative guide