

# Laboratory Communiqué

January 2012

## Laboratory Operations

### Laboratory Holiday Hours

#### Christmas Holiday

Saturday, December 24

Ambulatory Care Center  
Fanny Allen MOB  
UHC Campus  
Blair Park

**Closed**  
9:00 a.m. – 1:00 p.m.

**Closed**

**Closed**

Sunday, December 25



**All Draw sites closed**

#### New Year's Day Holiday

Saturday, December 31

Ambulatory Care Center  
Fanny Allen MOB  
UHC Campus

9:00 a.m. – 1:00 p.m.

9:00 a.m. – 1:00 p.m.

**Closed**

Sunday, January 1, 2012

**All Draw sites closed**

Monday, January 2, 2012

Ambulatory Care Center  
Fanny Allen MOB  
UHC Campus  
Blair Park

9:00 a.m. – 1:00 p.m.

9:00 a.m. – 1:00 p.m.

**Closed**

**Closed**

Regularly scheduled hours will apply to any days not specifically addressed above.

To view our regularly scheduled Patient Service Center hours, please go to <http://www.fletcherallen.org/drawsites> or call Laboratory Customer Service for assistance, 847-5121 or 1-800-991-2799.

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### CONTACT INFO

**Call** 802-847-5121  
800-991-2799

**Email**  
[labmarkeing@vtmednet.org](mailto:labmarkeing@vtmednet.org)

**Or visit**  
[www.FletcherAllen.org/lab](http://www.FletcherAllen.org/lab)

**New for Cigna Patients: No Co-Pays for Lab Testing at Fletcher Allen**

We are pleased to announce that Fletcher Allen has negotiated a new contract with CIGNA and they have agreed to forgive laboratory co-pays for their patients using Fletcher Allen Health Care. This change will make it easier for CIGNA patients to utilize Fletcher Allen laboratory services. Our high quality community-based clinical laboratory service enables us to deliver a result in a timelier manner than our national competitors.

We welcome all of your patients to use Fletcher Allen’s Laboratory Services and are always available to answer your questions: Please contact laboratory Customer Service at 847-5121 or 1-800-991-2799.

**Scheduled tests drawn at ACC main campus only**

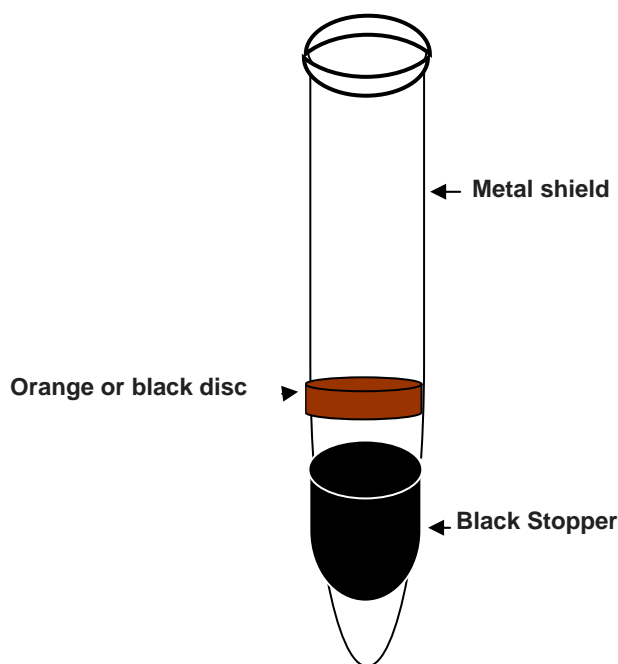
The following is a list of tests that can only be drawn at the Medical Center Campus Ambulatory Care Center (ACC). Some of these tests must be scheduled in advance by calling Laboratory Customer Service at 847-5121 or 1-800-991-2799.

Test	Schedule in Advance	ACC Only
Arterial Blood Gas	No	Yes
Autologous Blood Unit Collections	Yes	Yes
Cryoglobulin	No	Yes
Fine Needle Aspirates	Yes	Yes
Glucose Tolerance 2-Hour*	Yes	ACC, Fanny, or UHC
Glucose Tolerance 3-Hour*	Yes	ACC, Fanny, or UHC
Glucose Tolerance 5-Hour*	Yes	ACC, Fanny, or UHC
Lactose Tolerance Te	Yes	Yes
Platelet Aggregation	Yes	Yes
Quantiferon	Yes	Yes
STAT TSH Testing	Yes	Yes
Venous Blood Gas	No	Yes

\* We advise patients to bring along a snack, to eat at the end before leaving the draw site to ensure that their blood glucose level does not drop to a dangerously low level.

## Centrifuge Spacers

Fletcher Allen Laboratory supplies a centrifuge to offices that collect samples and send them to us for testing. If your centrifuge has metal stainless steel shields (Clay Adams Compact II or Fisher Model 228) you must insert an orange or black disk and a black stopper into each shield. Failure to use BOTH cushions can lead to the tops of the tubes popping off in the centrifuge. There should be two centimeters between the bottom of the test tube cap and the top of the metal shield. If you would like an Outreach Specialist to train your staff on the proper use of the centrifuge we would be happy to help. Please contact Laboratory Customer Service at 847-5121 or 1-800-991-2799 if you would like to schedule centrifuge training or if you would like additional discs and stoppers.



## Pathology & Laboratory Medicine

# Cardiac Marker Assay: CKMB and Troponin

### TEST UPDATE:

Platform Change and  
New Reference Ranges

Notification Date:  
December 6, 2011

Effective Date:  
November 8, 2011

### CONTACT INFO

Call: 802-847-5121  
800-991-2799

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[labmarketing@vtmednet.org](mailto:labmarketing@vtmednet.org)

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### MEDICAL DIRECTOR

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As of November 8, 2011 the Chemistry laboratory changed the method by which it performs the CKMB and Troponin cardiac marker assays. The methods will change from the Siemens Advia Centaur to the Ortho Clinical Diagnostics Vitros 5600. Along with this change in methodology, there will be a change in the reference range for each of these assays.

The new reference ranges will reflect the “Universal Definition of Myocardial Infarction” recommendation that has been published on behalf of the joint European Society of Cardiology/American Heart Association/World Heart Federation Task Force for the redefinition of acute myocardial infarction (AMI) which is predicated on the detection of an increase or decrease of cardiac troponin (cTn) with at least one value above the 99<sup>th</sup> percentile reference value in patients with evidence of myocardial ischemia.<sup>1</sup> Thus the only reference point that will be reported for these assays will be the 99<sup>th</sup> percentile population value. This will be 0.034 ng/mL for troponin<sup>2</sup> and 4.21 ug/L (male) and 2.95 ug/L (female) for CKMB<sup>3</sup>. The methodology used for total CK will not change: however, the CK index will no longer be reported since this has largely been replaced through the use of the troponin assay and has not been validated for the new assay system.

This reporting system is in line with current recommendations that an “optimized” MI cutoff should no longer be used in clinical practice and that the 99<sup>th</sup> percentile reference value should be the single medical decision cutoff for diagnostics and risk assessment. This change was made in consultation with the FAHC Cardiology Department who are ready to assist with the change:

*The changes delineated above reflect current guidelines for the definition of myocardial infarction. There will no longer be an "intermediate range" of troponin, rather, troponin will be reported as normal or abnormal. An abnormal troponin suggests myocardial necrosis. A myocardial infarction is defined as evidence of myocardial necrosis (rise and fall in biomarkers) plus evidence of ischemia. The University Cardiology Group is available to provide education and guidance as these changes are implemented, both in didactic or conference settings and with clinical consultations. Please contact me if you have questions.*

Friederike Keating, MD, FACC  
Director, Cardiac Care Unit  
Director, Nuclear Cardiology and Stress Laboratory  
Assistant Professor of Medicine  
University of Vermont / Fletcher Allen Health Care

If you have any questions concerning this change, please contact Dr. Greg Sharp ([Gregory.sharp@vtmednet.org](mailto:Gregory.sharp@vtmednet.org)) in the laboratory.

## Pathology & Laboratory Medicine

# Creatinine Reference Range Change

### TEST UPDATE:

Reference Range Change

Notification Date:  
December , 6 2011

Effective Date:  
January 10, 2012

### CONTACT INFO

Call: 802-847-5121  
800-991-2799

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We have recently reexamined the reference range we have used for adults and have validated a new range, with separate male and female intervals. In the past few years a change has been made in the standardization of creatinine assays to an IDMS (Isotope Dilution Mass Spectroscopy) standard, in concert with the use of the MDRD (Modification of Diet in Renal Disease) equation for the calculation of estimated glomerular filtration rate (eGFR). The new ranges are:

Male	0.66-1.25 mg/dL
Female	0.52-1.04 mg/dL

Reference ranges for the pediatric population are more difficult to establish since there are few laboratories that obtain enough specimens in the appropriate age groups to establish a reference range. The best recent publication<sup>1</sup> attempted to establish these ranges from a systematic review of the literature. We are adapting these ranges which are in good agreement with those published in the Harriet Lane Handbook. The new ranges are:

Term – 2 months	0.31-0.92 mg/dL
2 months to 1 year	0.16 to 0.39 mg/dL
1 year to 3 years	0.17 to 0.35 mg/dL
3 years to 5 years	0.26 to 0.42 mg/dL
5 years to 7 years	0.29-0.48 mg/dL
7 years to 9 years	0.34 to 0.55 mg/dL
9 years to 11 years	0.32 to 0.64 mg/dL
11 years to 13 years	0.42 to 0.71 mg/dL
13 years to 15 years	0.46 to 0.81 mg/dL
15 years to 18 years	0.5 to 1.0 mg/dL

### Reference:

1. Ceriotti F, Boyd JC, Klein G, et al. Reference intervals for serum creatinine concentrations: assessment of available data for global application. *Clin Chem.* 2008;54:559-566.

## Pathology & Laboratory Medicine

### Culture without Gram Stain Requires Pathologist Approval

**TEST UPDATE:**  
Routine Culture

**Notification Date:**  
November 14, 2011

**Effective Date:**  
November 15, 2011

#### CONTACT INFO

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The diagnosis of bacterial infections requires documentation of both an inflammatory response (host response) and the presence of an etiologic bacteriologic agent. The Gram stain serves as a guarantor that the quality of the specimen is good because there is an associated inflammatory response. Without this information it is often difficult or impossible to determine the significance of the culture, particularly if multiple organisms have been isolated and the specimen is from a site that could be contaminated by indigenous flora. We do not routinely evaluate cultures with mixed organisms if a Gram stain is not available. In addition, the Gram stain may serve as a clue that bacteria are present, but have not been isolated in culture. The most common situation is the presence of anaerobic bacteria on the smear if an anaerobic culture was not ordered.

The best specimens for culture are tissue, fluids, aspirates, or curettings. In the absence of those specimens, it is essential to submit two swabs to get the benefit of information from a Gram stain. Using a single swab will compromise the interpretation of results (with a few exceptions such as screens for specific bacteria). The Bacterial Culture with out a gram Smear will require approval from Microbiology. Below are some suggested orders for bacterial infections.

Test Name	Site or Pathogen
Bacterial Culture/Smear	Wound, Ear, Sinus, etc
Culture for Staphylococcus Coagulase Positive	Screen for Presence of Staphylococcus aureus
Gram Smear for Clue Cells	Bacterial Vaginosis

## Pathology & Laboratory Medicine

### HCG Assay

#### TEST UPDATE:

Platform change

Notification Date:  
November 11, 2011

Effective Date:  
November 8, 2011

#### CONTACT INFO

**Call** 802-847-5121  
800-991-2799

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[labmarketing@vtmednet.org](mailto:labmarketing@vtmednet.org)

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As of November 8, 2011 the Chemistry Laboratory changed the method by which it performs the HCG assay. The method will change from the Siemens Advia Centaur to the Ortho Clinical Diagnostics Vitros 5600. The correlations between the two assays are excellent and the clinical use of the two assays will be the same. The new assay does give results that are slightly lower, most notably at high levels of HCG, on the order of 8-10%.

There will be a change in the reporting of the reference range for the new assay. The lower limit for reporting will change to 5 IU/L. There will also be a change to an indeterminate range of 5 to 25 IU/L where a follow up HCG is suggested in 48 hours. This is not so much a change in the assay but reflects current recommendations for an HCG of that level.

The change to the new assay will be noted in the result report. For new testing, there should be no change in clinical practice. The Laboratory will try, as far as possible, for recent patients to repeat analyses on the same assay system. Should there be a specific patient for which this is desired, please contact the Laboratory. We will maintain the ability to run the assay on the old system for a short time during the transition period.

If you have any questions concerning this change, please contact Dr. Greg Sharp ([Gregory.sharp@vtmednet.org](mailto:Gregory.sharp@vtmednet.org)) in the Chemistry Laboratory.

#### Test Information:

<b>Test Name:</b>	HCG
<b>Test Code:</b>	HCGS
<b>FAH Translation Code:</b>	FAH5500
<b>CPT Code:</b>	84702
<b>Method:</b>	Immunometric Luminescence
<b>Sample Requirements:</b>	Collect 6.0 mL SST tube, submit 2.0 mL serum, Refrigerated. Minimum volume 2.0 mL. CSF is sent to MML (Test Code 8877)
<b>Days performed:</b>	Daily
<b>Analytical Time:</b>	Same day
<b>Expected Value:</b>	Pregnancy: Less than 5 MIU/mL = Negative 5-25 MIU/mL = Indeterminate, recommend repeat in 48 hours Greater than 25 MIU/mL = Positive
<b>Price:</b>	No change in pricing. Please contact Laboratory Customer Service for pricing information 847-5121 or 1-800-991-2799.

## Pathology & Laboratory Medicine

### Leishmaniasis Exam

#### TEST UPDATE:

New Test

Notification Date:  
October 21, 2011

Effective Date:  
November 1, 2011

#### CONTACT INFO

Call 802-847-5121  
800-991-2799

email  
[labmarketing@vtmednet.org](mailto:labmarketing@vtmednet.org)

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[www.FletcherAllen.org/lab](http://www.FletcherAllen.org/lab)

#### MEDICAL DIRECTOR

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#### Assay Information:

The Microbiology Laboratory has created a test code for ordering Leishmaniasis Parasite examination. The test methodology remains unchanged (Giemsa or Wright Stain).

Laboratory diagnosis of Leishmaniasis can be detected by looking at a direct smear preparation from a lesion. Laboratory detection of the parasite is related to the distribution of the amastigotes and whether the specimen has been collected from the periphery of an active ulcer or healing ulcer.

#### Test Information:

<b>Test Name:</b>	Leishmaniasis Exam
<b>Test Code:</b>	LEIEX
<b>Report name</b>	Leishmaniasis Exam
<b>Test Translation Code:</b>	FAH5495
<b>CPT Code:</b>	87207
<b>Method:</b>	Giemsa or Wright Stain
<b>Sample Requirements:</b>	Aspirate material taken from the periphery of active lesions (ulcers) should be placed on microscope slides submitted in a sterile container. Scrapings may also be collected from the borders of the lesions and material placed on a microscope slide and submitted in a sterile container. Room Temperature.
<b>Days Performed:</b>	Monday-Friday
<b>Analytical Time:</b>	24 hours
<b>Expected Value:</b>	No parasites seen.
<b>Price:</b>	Please contact Laboratory Customer Service 847-5121 or 1-800-991-2799 for pricing information
<b>Effective Date:</b>	November 1, 2011

#### Reference:

Garcia, L. and Bruckner, D., 1993. Diagnostic Medical Parasitology, 2nd Edition: 155-159.

## Pathology &amp; Laboratory Medicine

## Lipid Reference Range Change

**TEST UPDATE:**  
Reference Range ChangeNotification Date:  
November 29, 2011Effective Date:  
January 10, 2012**CONTACT INFO**Call 802-847-5121  
800-991-2799email  
[labmarketing@vtmednet.org](mailto:labmarketing@vtmednet.org)Or visit  
[www.FletcherAllen.org/lab](http://www.FletcherAllen.org/lab)**MEDICAL DIRECTOR**

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An Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents, appointed by the **National Health, Lung, and Blood Institute** (NHLBI) recently released a report ([U.S. Department of Health & Human Services, NIH. Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents.](#) NHLBI. November 2011 Web 11-17-2011) on lipid screening in children and included values for acceptable, borderline-high, and high plasma lipid, lipoprotein and apolipoprotein concentrations in children and adolescents. These values will be added to the appropriate reports for the age group less than 18 years old. In addition, levels for adults will reflect the most recent NCEP guidelines.

**Pediatric Ranges:**

Analyte(Units: mg/dL)	Acceptable	Borderline	High
Total cholesterol	Less than 170	170-199	Greater than or equal to 200
LDL-cholesterol	Less than 110	110-129	Greater than or equal to 130
Triglyceride-0-9 years	Less than 75	75-99	Greater than or equal to 100
Triglyceride-10-19 years	Less than 90	90-129	Greater than or equal to 130
HDL-cholesterol	Greater than 45	40-45	Less than 40

**Adult Ranges (Units: mg/dL)**

LDL Cholesterol	Total Cholesterol	HDL-Cholesterol	Triglycerides
Optimal: Less than 100	Desirable: less than 200	Low: Less than 40	Normal: Less than 150
Near Optimal: 100-129	Borderline High: 200-239	Normal: 40-60	Borderline High: 150-199
Borderline high: 130-159	High: Greater than or equal to 240	Desirable: Greater than 60	High: 200-499
High: 160-189			Very High: Greater than or equal to 500
Very High: Greater than or equal to 190			

## Pathology & Laboratory Medicine

# Monoclonal Protein Test Panels Offered

### TEST UPDATE: New Test Panels

Notification Date:  
November 29, 2011

Effective Date:  
January 10, 2012

### CONTACT INFO

**Call** 802-847-5121  
800-991-2799

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Protein electrophoresis and immunofixation electrophoresis of serum and urine have long been the standard methodology for identifying the presence of a monoclonal gammopathy. Protein electrophoresis to identify the presence of an immunoglobulin spike (M-spike) and immunofixation to characterize the type of monoclonal protein (gamma, alpha, or mu heavy chain; kappa or lambda light chain). Immunofixation electrophoresis is the more sensitive and definitive test particularly for detecting small abnormalities that may be present in certain diseases such as light chain multiple myeloma, plasmacytoma, or oligosecretory myeloma.

Recent studies in the literature, recommend the addition of serum free light chain quantitation and a serum free light chain kappa to lambda ratio to the initial diagnostic panel. The addition of these measurements, which are now offered by the FAHC laboratory, to the serum panel, increases the sensitivity of the serum panel such that there is no additional advantage to performing testing on a urine specimen. This represents a major convenience for the patient and physician. To facilitate the ordering of this test combination for the identification of the presence of a monoclonal gammopathy the Serum Monoclonal Protein Diagnostic Panel has been created which consists of the following tests:

#### *Monoclonal Protein Diagnostic Panel, Serum*

- SPEP with Immunofixation
- Serum Free Light Chains Quantification with Kappa to Lambda ratio

<b>Test Information:</b> Monoclonal Protein Diagnostic Panel	
<b>Test Code:</b>	MPDS
<b>CPT Code(s):</b>	86334, 86334.26, 84165, 84155, 83883 x 2
<b>Sample Requirements:</b>	Collect 4.0 mL serum gel tube, submit 1.5 mL serum, refrigerated, Minimum volume 1.0 mL
<b>Days performed:</b>	Monday—Friday
<b>Analytical Time:</b>	Same day
<b>Price:</b>	Please contact Laboratory Customer Service for pricing information 1-802-847-5121 or 1-800-991-2799.

A second circumstance in which this testing is ordered is to monitor the presence or therapy of a monoclonal immunoglobulin. The most frequent tests ordered for this purpose are a serum quantitative monoclonal based on the M-spike on the protein electrophoresis, serum free light chains and ratio and Quantitative immunoglobulins. These tests have been combined into a second panel, the Serum Monoclonal Protein Monitoring Panel.

***Monoclonal Protein Monitoring Panel, Serum***

- Serum quantitative monoclonal (by electrophoresis)
- Serum Free Light Chains Quantification with Kappa to Lambda ratio
- Quantitative immunoglobulins.

<b>Test Information:</b> Monoclonal Protein Monitoring Panel	
<b>Test Code:</b>	MPMS
<b>CPT Code(s):</b>	84165, 84155, 83883 x 2, 82784 x 3
<b>Sample Requirements:</b>	Collect 4.0 mL serum gel tube, submit 1.5 mL serum, refrigerated, Minimum volume 1.0 mL
<b>Days performed:</b>	Monday—Friday
<b>Analytical Time:</b>	1-2 days
<b>Price:</b>	Please contact Laboratory Customer Service for pricing information 1-802-847-5121 or 1-800-991-2799.

All the tests in these panels will be individually orderable with the exception of immunofixation.

The inclusion of the free light chains into these combinations have a number of advantages. First, it eliminates the need for obtaining a 24 hour urine sample for the initial diagnosis of a monoclonal gammopathy which represents a significant advantage for both the patient and the laboratory. Second, the serum light chain analysis with serum electrophoresis and immunofixation offers a highly sensitive system for identifying monoclonal gammopathies particularly for cases of monoclonal light chain diseases and light chain deposition disease that may not be readily detected and quantified by electrophoresis. Third, the assessment of the kappa and lambda ratio may be used for a risk of progression of MGUS (monoclonal gammopathy of undetermined significance) to MM (multiple myeloma). Those patients with an abnormal free light chain kappa to lambda ratio have a 2.5 fold increased risk of progression. Combining the free light chain kappa to lambda ratio and type of M protein can provide a risk stratification model for progression to myeloma or other related disorder<sup>1</sup>. Fourth, the serum free light chain may be used to monitor the course of disease in patients who do not have a readily measurable level of monoclonal by electrophoresis.

Urine studies, while they no longer are required in a screening capacity for the diagnosis of a monoclonal gammopathy, can still play a role in certain clinical situations where the performance of both serum and urine protein electrophoresis and immunofixation electrophoresis are appropriate including differentiation of MGUS vs MM vs AL or unexplained cases of renal failure, cardiac failure, bone fractures, osteolytic lesions. A Urine Monoclonal Protein Diagnostic Panel has been created which includes:

***Monoclonal Protein Study, Urine Random***

- Urine protein electrophoresis with immunofixation electrophoresis

<b>Test Information:</b> Monoclonal Protein Study, Urine Random	
<b>Test Code:</b>	UBJR
<b>CPT Code(s):</b>	86335, 86335.26, 84756, 84166
<b>Sample Requirements:</b>	Collect 100 mL random urine in a sterile container and refrigerate, minimum volume 30 mL. 1st morning void (spot) collection is preferred.
<b>Days performed:</b>	Monday—Friday
<b>Analytical Time:</b>	3 days
<b>Test Note:</b>	Monoclonal Protein Study, Urine Random includes a Monoclonal Protein Study by Electrophoresis, Urine Total Protein and Urine Immunofixation.
<b>Price:</b>	No Change. Please contact Laboratory Customer Service for pricing information 1-802-847-5121 or 1-800-991-2799.

***Monoclonal Protein Study, Urine 24-Hour***

- Urine protein electrophoresis with immunofixation electrophoresis

<b>Test Information:</b> Monoclonal Protein Study, Urine 24-Hour	
<b>Test Code:</b>	UBJ24
<b>CPT Code(s):</b>	86335, 86335.26, 84756, 84166
<b>Sample Requirements:</b>	Collect 24-Hour Urine in Jug A (No Additive). Refrigerate sample during collection
<b>Days performed:</b>	Monday—Friday
<b>Analytical Time:</b>	3 days
<b>Test Note:</b>	Monoclonal Protein Study, Urine 24-Hour includes a Monoclonal Protein Study by Electrophoresis, Urine Total Protein and Urine Immunofixation.
<b>Price:</b>	No Change. Please contact Laboratory Customer Service for pricing information 1-802-847-5121 or 1-800-991-2799.

These panels will replace the current Bence Jones Protein test. The individual components will not be orderable separately. If you have any questions concerning these changes which will take place on January 10, please contact Dr. Greg Sharp ([gregory.sharp@vtmednet.org](mailto:gregory.sharp@vtmednet.org)) in the Chemistry Laboratory.

**References:**

Rajkumar SV, Kyle RA, Therneau TM, et al. Serum free light chain ratio is an independent risk factor for progression in monoclonal gammopathy of undetermined significance. *Blood* 2005;106(3):812-817.

## Pathology & Laboratory Medicine

# Parasite Exam

### TEST UPDATE:

New Test

Notification Date:  
October 21, 2011

Effective Date:  
November 1, 2011

### CONTACT INFO

Call 802-847-5121  
800-991-2799

email  
[labmarketing@vtmednet.org](mailto:labmarketing@vtmednet.org)

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### Assay Information:

Parasite examination of fecal specimens includes both a Concentration examination and a Permanent Smear examination (Trichrome Stain). In order to perform this complete examination we require the following:

1 mL of fresh stool submitted in a sterile container to the Laboratory within 24 hours of Specimen collection.

For specimens that cannot be submitted to Fletcher Allen within 24 hours the stool samples must be placed into an appropriate preservative transport vial. We provide Unifix transport vial (purple top) for specimen preservation.

Other acceptable vials for a Complete Parasite Examination are:

A Formalin vial (pink top) **and** a PVA (Polyvinyl Alcohol -blue or grey top vial).

OR

An SAF (Sodium acetate acetic acid-formalin) vial **and** a PVA vial. SAF transport vials are not a FAHC preferred transport vial.

If we receive samples in Formalin or SAF only, **we will not be able to perform a complete parasite exam.** Therefore all results will include a disclaimer that states:

“No PVA vial received, unable to perform Trichrome Stain.”

## Pathology & Laboratory Medicine

# Schistosoma Exam, Urine

### TEST UPDATE:

New Test

Notification Date:  
October 21, 2011

Effective Date:  
November 1, 2011

### CONTACT INFO

Call 802-847-5121  
800-991-2799

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[labmarketing@vtmednet.org](mailto:labmarketing@vtmednet.org)

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### Assay Information:

The Microbiology Laboratory has created a test code for ordering a Schistosoma Parasite examination. The test methodology remains unchanged (Urine Concentration Exam).

*Schistosoma haematobium* adults are found in the portal vein of the urinary bladder in the infected human. Laboratory recovery depends upon repeated daily examinations of fresh urine specimens collected around 12 noon.

### Test Information:

<b>Test Name:</b>	Schistosoma Exam,Urine
<b>Test Code:</b>	UPEX
<b>Report name</b>	Schistosoma Exam,Urine
<b>Test Translation Code:</b>	FAH5496
<b>CPT Code:</b>	87177
<b>Method:</b>	Urine concentration exam
<b>Sample Requirements:</b>	5-10 ml of urine collected around 12 noon in a sterile container should be submitted. Repeat Daily examination is optimal for the recovery of parasites. Deliver Specimen to Laboratory as soon as possible. Room temperature.
<b>Days Performed:</b>	Monday-Friday
<b>Analytical Time:</b>	24 hours
<b>Expected Value:</b>	No Parasites seen.
<b>Price:</b>	Please contact Laboratory Customer Service 847-5121 or 1-800-991-2799 for pricing Information.
<b>Effective Date:</b>	November 1, 2011

### Reference:

Laboratory Diagnosis of Parasites, CDC 1985.

## Pathology & Laboratory Medicine

# Compliance Update

### **Personal lab orders on Employer Requisitions**

If you have a laboratory order from your physician and you would like to have your sample collected at your place of employment, you must send your samples to the lab with an order from your physician, NOT from your place of employment.

There is no issue with having blood drawn at another office as long as there is a valid order documented at your doctor's office, and the lab requisition submitted with the samples is from the ordering provider's site. Adherence to this procedure will insure that that the lab report is sent to the correct location. Additionally, if we have a question regarding billing or diagnosis information we will be contacting the correct office.

*Thank you*



## Yellow Tube Still Required for Some Sent-Out Tests

### Light Pink Blood Bank Tubes

6 mL Light Pink tubes are used for all Fletcher Allen Health Care Blood Bank Testing, The additive is Blood Bank EDTA.

There are still send out tests that require a yellow ACD tube (see below)



### Yellow Top Tubes (Send Out Tests Only)

6 mL Yellow Top Tubes are used for the following tests. We no longer accept Yellow top tubes for Blood Bank testing. The additive is ACD A or B.

Mayo Number	Order Code	ACD A or B?	Test Name
82943	MHEXO	Yellow A or B	Hexosaminidase A
8368	G6PD	Yellow B	G-6-PD
81648	MTHRB	Yellow A or B	MTHF Reduc Mut, B
81780	CANAVN	Yellow A or B	Canavan Mut Analysis
81156	PILAG	Yellow B	PI-Linked Ag, B
83015	MLH1	Yellow A or B	MLH1 Mutation Screen
83001	KFAP	Yellow A or B	FAP Known Mutation
89201	CDCC	Yellow B and SST	Celiac Disease Cascade

