

# FLETCHER ALLEN HEALTH CARE

## PATHOLOGY & LABORATORY MEDICINE

### LABORATORY COMMUNIQUÉ OCTOBER 2009

#### LABORATORY OPERATIONS

##### Holiday Phlebotomy Hours

###### **Thanksgiving Holiday**

Thursday, November 26:	CLOSED	
Friday, November 27:	Ambulatory Care Center	7:00 a.m. – 5:00 p.m.
	Fanny Allen Campus	7:00 a.m. – 5:00 p.m.

###### **Christmas Weekend**

Thursday, December 24:	Ambulatory Care Center	9:00 a.m. – 1:00 p.m.
	Fanny Allen Campus	9:00 a.m. – 1:00 p.m.
Friday, December 25:	CLOSED	

###### **New Year Weekend**

Thursday, December 31:	Ambulatory Care Center	7:00 a.m. – 5:00 p.m.
	Fanny Allen Campus	7:00 a.m. – 5:00 p.m.
Friday, January 1, 2010:	CLOSED	

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

##### Laboratory Supports Dragonheart Vermont

On August 2 Dragonheart Vermont held its 5<sup>th</sup> annual Dragon Boat race on the waterfront in Burlington. Over 80 community teams and 11 breast cancer survivor teams competed to raise money for Dragonheart Vermont and Camp Ta-Kum-Ta. We are very proud of our two laboratory teams, the Dragon Techs and Wenda's Wings, who participated this year and were able to raise over \$11,000 for breast cancer research. Way to go, teams! Thank you to everyone who supported us.

#### *Laboratory Operations*

Holiday Phlebotomy Hours  
Laboratory Supports  
Dragonheart Vermont

#### *Tech Tips*

Spinning for Results

#### *Test News*

Test Update: Urine Screen for  
Methadone  
Lead Reference Range Update  
Herpes Simplex Virus PCR

#### *Compliance Update*

Telephone Orders for PSA & PSAS

## Spinning for Results

It is very important to follow these directions when spinning and separating a serum gel tube. If the sample is not completely clotted prior to centrifugation, there will be poor separation of the serum from the cells. A poor separation means that some red blood cells are left in the serum, and over time, this can compromise sample integrity. You may not be able to see the red blood cells that are left behind in the serum.

1. Directly after sample collection, **gently** invert the tube 5 times. This mixes the clot activator with the blood.
2. Allow the sample to clot for 30 minutes. If time goes beyond 1 hour, glycolysis occurs (decreasing glucose), and there can be a shift of substances from cells to the serum (increasing potassium and interfering with most enzyme assays).
3. Centrifuge sample for 15 minutes at 2000 - 3000 rpm. Centrifugation causes the red blood cells and serum to separate into distinct layers, separated by a gel barrier.
4. Keep the tube upright after spinning and during storage. Store at indicated temperature and submit to laboratory.
5. Wait at least 15 minutes before spinning another blood sample. A working centrifuge will heat up, and heat can damage sample integrity.

The centrifuges that we provide you are preset to spin at the correct rpm. Centrifuge maintenance should be performed once a year. Our Technical Services Program is currently performing routine maintenance. If you have a centrifuge and you notice that the maintenance has not been performed within the past year, or if you have any concerns about how your centrifuge is running, please contact laboratory Customer Service (847-5121), and a replacement will be sent to you.

# TEST NEWS

## **Test Update: Urine Screen for Methadone**

As of October 1, 2009, the Fletcher Allen Health Care Laboratory will begin offering a urine screen for methadone. This test will be performed on the Biosite Triage, which is a fluorescence immunoassay system and is the system currently used for urine drugs of abuse screening. Please refer to the Test Update document for additional details. If you have any questions regarding this test, please contact Dr. Greg Sharp in the Chemistry Laboratory at 847-5115 or via email at [gregory.sharp@vtmednet.org](mailto:gregory.sharp@vtmednet.org).

## **Lead Reference Range Update:**

Effective September 28, 2009, the reference range for Lead for those less than 18 years of age changed from <10 ug/dL to <5 ug/dL per recommendations from the Centers for Disease Control and Prevention (CDC) and NYS and VT Departments of Health. Results for children aged 6 years or younger now have the following statement on the lab report: "Blood lead levels in the range of 5-9 ug/dl have been associated with adverse health effects in children aged 6 years or younger." Follow-up for patients who have a result between 5-9 ug/dl is to provide lead education, to determine how the child may have come in contact with lead and ways to protect the child, and also to have the child retested in 3 to 6 months. The Childhood Lead Poisoning Prevention Program can be contacted at 1-800-439-8550 for lead education materials or clinical consultation.

## **Herpes Simplex Virus PCR**

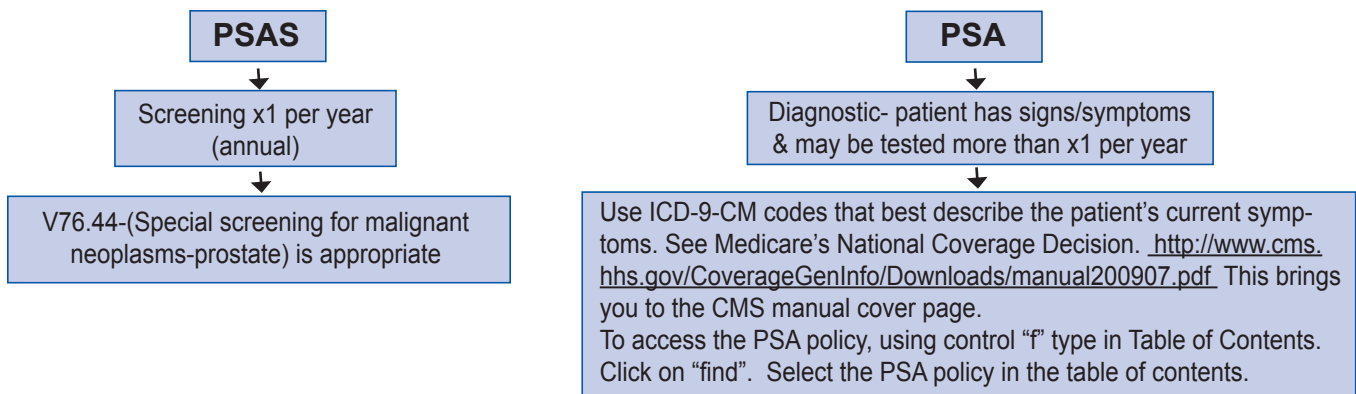
Effective Monday, October 5, 2009, the Microbiology lab will no longer be calling positive herpes simplex virus (HSV) PCR reports on genital and skin sites. We will continue to call all positive HSV reports on sterile sites (e.g., cerebrospinal fluid, ocular sites). Testing is performed Monday-Friday, and all results are available immediately upon completion of testing.

# COMPLIANCE UPDATE

## Telephone Orders for PSA (diagnostic) & PSAS (screening)

The following description of PSA and PSAS testing is provided as a guide to help you determine the appropriate diagnosis code for the test requested. Lab Customer Service will ask you to provide any additional diagnoses associated with the requested test.

1. **Diagnostic PSA (PSA):** A diagnostic PSA is usually ordered when the patient is having symptoms. A diagnostic PSA may be performed more than once per year if clinically indicated. **V76.44 is not** an appropriate ICD-9-CM code for order code **PSA**. Please provide the patient's acute signs/symptoms that form the clinical rationale for ordering this test.
2. **Screening PSA (PSAS):** A screening **PSAS** is only covered once per year by Medicare for men over 50 years of age. It is frequently performed as part of the annual physical. **V76.44** (Special screening for malignant neoplasms-prostate) **is the only diagnosis code Medicare recognizes for a screening PSA (PSAS).**



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