TECHNICAL BULLETIN

Volume 2 Issue 1 March, 2004

New Test Available

Vysis® UroVysion™ Test
Test # 8002 **CPT codes 88291 88274 and 88271 x 4.**

This is the first FDA cleared genomic DNA-probe test for identifying early recurrence of bladder cancer.

*****Effective:**	**March 1, 2004.**
Specimen:	**Call Send Out Department or Supply Department to obtain a UroVysion™ Kit.**
	Submit specimen within 48 hours of collection at room temperature. Specimen is rejected if older than 48 hours and/or submitted in "Thin Prep".
Reporting:	Interpretation included with report.
ICD 9 Codes:	188.0-188.9 Malignant neoplasm of bladder; 189 - 189.9 Malignant Neoplasm of kidney/ unspecified urinary organs; 198.1 Secondary neoplasm of other urinary organs; 233.7 Carcinoma in situ of bladder; 233.9 Carcinoma in situ of other urinary organs; 236.7 Neoplasm of uncertain behavior of bladder; 239.4 Neoplasm of unspecified nature of bladder
Cost:	Client $300
Note:	The efficacy of this assay will be correlation with cystoscopic and biopsy findings.
Questions:	Contact Lisa Hart, Processing Coordinator

Test Update

Homocysteine
Test # 1524 *****CPT code 83090**

Effective:	**March 29, 2004, Homocysteine will be performed at Physicians Laboratory**
Specimen:	**1 mL EDTA plasma, frozen**
Reporting:	4.0 – 11.0 μmol/L
*****Cost:**	**Client $35 Patient $40**
Note:	Homocysteine (Hcy) has been identified as a possible predictor for arteriosclerosis and thromboembolism associated with cerebral, peripheral, and cardiovascular diseases. Elevated Hcy may damage the arterial walls and interfere with clotting factors that contribute to carotid arteriosclerosis and an increased risk of stroke. Studies have shown that 42% of patients with cardiovascular disease have elevated Hcy, and 30% of these patients did not have hypercholesterolemia, hypertension or other known risk factors. Elevated levels of Hcy have been associated with dementia and Alzheimer's disease.
Questions:	Contact Jan Nelson, Chemistry Supervisor.

Microbiology Protocol for Notification of Results

*****Effective: March 15, 2004**

The Microbiology Department personnel will telephone the physician, physician's office or hospital laboratory with **positive results** for the following tests:

- Blood Cultures
- CSF gram stains and cultures
- Clostridium difficle toxin
- MRSA (Methicillin resistant Staph. Aureus)
- VRE (Vancomycin resistant Enterococci Faecalis)
- Acid-fast bacilli (smears and cultures)
- Influenzae A and B
- RSV (Respiratory syncital virus)

Cytology Reporting

Effective March 1, 2004, the Cytology Department will begin using the "New Bethesda" reporting system.

Questions: Contact Tom Engel, Cytology Supervisor

Methodology Change

Test #197 RSV (Respiratory Syncytial Virus) is now detected by ANTIGEN rather than Fluorescent Antibody.

CPT code 87420

*****Effective:** **March 1, 2004**

Specimen: Nasopharyngeal aspirates (0.5 mL – 1 mL), washings (2-4 mL) and swabs are collected in M4 viral transport media (the media is provided by Physicians Laboratory). **Refrigerate**. **DO NOT FREEZE.** Transport on wet ice.

Reporting: Interpretation is included with the report. **Positive results will be called.**

Cost: Client $24 Patient $29

Note: RSV is a rapid test for the presumptive detection of RSV antigen directly from nasopharyngeal specimens in neonatal and pediatric patients. Test provides a fast turnaround time to allow for timely patient treatment and to prevent possible nosocomial spread.

It is recommended that negative test results be confirmed by cell culture depending on the clinical findings to establish a diagnosis.

Questions: Call Shari Talbert, Microbiology Supervisor

MIC Testing for Streptococcus pneumoniae

Recent recommendations from the National Committee for Clinical Laboratory Standards (NCCLS) include an important change regarding MIC (Minimum Inhibitory Concentration) interpretations of Ceftriaxone and Cefotaxime for Streptococcus pneumoniae.

Two different interpretations will be used based on the reported source of the original specimen; i.e. CSF (cerebral spinal fluid) or non-CSF, such as respiratory or blood. It is currently recommended that only the CSF interpretation be reported if the original source is from CSF. However, both interpretations should be reported if a non-CSF specimen is submitted in anticipation of the possible need to treat a secondary meningeal infection.

Additional antibiotics will also be reported depending on the source of the specimen. This will provide the physician more options for treatment.

Questions: Contact Shari Talbert, Microbiology Supervisor

Do you want a "Hemoglobin" or a "Hemoglobin electrophoresis"?

We have noted several incorrect orders lately mistaking Electrophoresis, hemoglobin (test #403) for Hemoglobin (test #232).

Electrophoreis, Hemoglobin (test #403) separates normal and abnormal hemoglobins. This test may be used for diagnosing Thalassemia, Sickle Cell Anemia, and other hemoglobin variants. Hemoglobin (test #232) measures the amount of hemoglobin within a red cell and is expressed in grams per deciliter. A Hematocrit (test #233) may be ordered with the Hemoglobin (test #232) for correlation.

If you are requesting a Hemoglobin and/or Hematocrit, please write the test numbers on the requisition:

Specimen: 5 mL EDTA whole blood; Refrigerated

CPT codes: Hemoglobin = 85018
Hematocrit = 85014

Cost: Hemoglobin
Client = $4
Patient = $10

Hematocrit
Client = $3
Patient = $9

Questions: Contact Stephanie Gillespie, Hematology Supervisor

IF WE ARE TO BILL ANY INSURANCE COMPANY, INCLUDING MEDICARE AND MEDICAID, WE MUST HAVE:

PATIENT'S FULL NAME
PATIENT'S ADDRESS
PATIENT'S DATE OF BIRTH
PHYSICIAN'S FIRST AND LAST NAME
VALID DIAGNOSIS (ICD 9) CODE(S)

Complete insurance information including:
Name of the insurance company
Address of the insurance company for filing claims
Patient's policy identification number
Policy group number