

# TECHNICAL BULLETIN

Volume 2 Issue 3

September, 2004

## NEW CARDIAC PANELS

**\*\*\* EFFECTIVE AUGUST 17, 2004**

### **Test #1606 Direct Lipid Panel**

Panel Contains: Lipid Panel (Cholesterol, Triglycerides, and HDL) and Direct LDL (\*HDL/Cholesterol and Non-HDL/Cholesterol)

Specimen: 2 mL serum, refrigerated  
*8-12 hr fast recommended.*

CPT codes: 80061, 83721

### **Test #1613 Cardiovascular Risk Assessment I**

Panel Contains: Direct Lipid Panel, Lipoprotein (a), Apolipoprotein A1, Apolipoprotein B (\*Apo A/B ratio), and hCRP (highly sensitive CRP).

Specimen: 2 mL serum, refrigerated  
*8-12 hour fast recommended.*

CPT codes: 80061, 83721, 83520, 86141, 82172 x 2.

### **Test #1607 Cardiovascular Risk Assessment II**

Panel Contains: Direct Lipid Panel, Lipoprotein (a), Apolipoprotein A1, Apolipoprotein B (\*Apo A/B ratio), hCRP (highly sensitive CRP), and Homocysteine.

Specimen: 2 mL serum, refrigerated and 1 mL EDTA plasma, frozen.  
*8-12 hour fast recommended.*

***Please record the specimen type on the tube.***

CPT codes: 80061, 83721, 83520, 86141 82172 x 2, 83090.

### **Test #1605 Metabolic Syndrome Assessment**

Panel Contains: Direct Lipid Panel, Lipoprotein (a), Apolipoprotein A1, Apolipoprotein B (\*Apo A/B ratio), fasting glucose and TSH.

Specimen: 2 mL serum, refrigerated  
*8-12 hour fast recommended.*

CPT codes: 80061, 83721, 83520, 82947, 82172 x 2, 84443.

Pricing information for any of the Cardiac Panels, contact Ruth Ann Bartels, Director of Professional Services

For technical questions about any of the Cardiac Panels, contact Gregory Post, Ph.D., Director of Clinical Services.

## WEST NILE VIRUS ANTIBODY

**\*\*\* Effective: August 9, 2004**

### **Test #7919 West Nile Virus Antibody Test, Serum**

**\*\*\*Note:** West Nile Virus Antibody, IgM and IgG, is now being performed at Physicians Laboratory - Lincoln.

**Note:** Test #9283 West Nile Virus Antibody, IgM and IgG, CSF is still available, and testing is performed at UNMC Regional Laboratory.

Specimen: 1 mL serum, frozen

**\*\*\*Cost Client \$ 60**

**Patient \$ 65**

CPT codes: 86317 x 2

**\*\*\*Note:** Please do not order Test #9282 for West Nile Antibody, Serum. That test number is no longer valid.

**Questions:** Contact Sue Behrends, Supervisor, Physicians Laboratory - Lincoln.

## TEST #544 PSA and #2544 SCREENING PSA

**\*\*\*Effective August 2, 2004:**

The limit of detection for test #544 Prostate Specific Antigen (PSA) and #2544 Screening PSA have been decreased from 0.3 to 0.1 ng/mL. The reference range for PSA has been changed to 0.1 – 3.9 ng/mL to reflect this change. The new range shows increased sensitivity.

**Questions:** Contact Jan Nelson, Chemistry Supervisor

## **“PATHOLOGIST SLIDE REVIEW CHECKLIST” FORM**

The Hematology Department has created a form that will aid our technologist and/or pathologist in confirming lab. findings or providing a clinical impression.

When ordering test #204 (Differential) or #696 (Pathologist Review – Differential), please submit the completed form, CBC results, and other pertinent clinical data along with the requisition. These forms may be obtained from the Client Services Department or Hematology Department.

Questions: Contact Stephanie Gillespie,  
Hematology Supervisor

## **TEST #306 – TOTAL T3**

A positive bias may occur when specimens are collected in SST (gel barrier) tubes. Please collect in plain, red top tubes until further notice.

Questions: Contact Jan Nelson,  
Chemistry Supervisor

## **TEST #925 ESTRADIOL VS. ESTRIOL**

We have noticed confusion in ordering these tests. A simple explanation follows:

Estradiol (E2) is the most natural estrogen and circulates in a protein-bound form in non-pregnant women and in men. Estradiol is valuable in investigation of precocious puberty in girls and gynecomastia in men. E2 is also ordered when evaluating infertility and following stimulation with pergonal (exogenous gonadotropins).

Estril is primarily found in pregnant women. Estril is released from the placenta and measurement in the second trimester may be used as an indicator of Down syndrome.

Questions: Contact Lisa Hart,  
Processing Coordinator or  
Jan Nelson, Chemistry  
Supervisor

## **REVIEW OF BLOOD CULTURE COLLECTION**

The contamination rate for false positive blood cultures has increased in the last several months. The following is a review of the process:

### **Skin Preparation: Disinfect as follows:**

1. Cleanse the skin with 70% alcohol for 30 seconds. Then swab the area concentrically with 2% iodine solution for 60 seconds. Allow to dry for 60 seconds.

**OR**

Swab the site vigorously with povidone-iodine preparation for 60 seconds. Allow to dry for 60 seconds.

NOTE: Once disinfected, the venipuncture site should not be probed with a gloved finger unless it has been similarly decontaminated or the phlebotomist is wearing **sterile** surgical gloves.

### **Collection of Blood for Aerobic and Anaerobic Cultures:**

1. Submit both an aerobic (blue) bottle and anaerobic (red) bottle for each culture ordered.
2. Disinfect the visible part of the rubber stopper with 70% alcohol or iodine preparation.
3. Allow disinfectant to dry for 60 seconds.
4. Using a needle and syringe, obtain 5-10 mL for adults or 0.5 – 3mL of blood for children.
5. Using aseptic technique, dispense blood equally between the aerobic bottle and the anaerobic bottle. **DO NOT CHANGE NEEDLE.**  
NOTE: If only 0.5 mL is obtained, dispense the entire amount into the aerobic bottle.
6. If blood is to be drawn for other tests in addition to the blood cultures, obtain the specimen for culture first to minimize any contamination.

Questions: Contact Shari Talbert,  
Microbiology Supervisor

## **NEW SERVICE GUIDE WILL BE AVAILABLE NOVEMBER 1, 2004**

### **Would you like to receive the Technical Bulletin, Memos via e-mail?**

If so, please contact Ruth Ann Bartels,

*ruthann@physlab.com*

and we will put you on our e-mail list.

### **Are there any topics you would like to see addressed in the Technical Bulletin?**

If so, please contact Ruth Ann Bartels

