



TECHNICAL BULLETIN

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TEST #223 LAP SCORE SPECIMEN REQUIREMENTS

The specimen requirements have been changed to five (5) peripheral blood smears. The smears need to be air dried, unfixed, unstained and of acceptable quality. If you prefer, the patient may come to our lab. in Omaha or Lincoln, and we will collect the specimen. CPT code and cost remain the same.

Questions: Contact Lisa Hart
Processing Coordinator

WebALERT

Physicians Laboratory Services is proud to be a sponsor of the Web-ALERT at KOLN/KGIN TV. This is available throughout the Physicians Laboratory Services area. The Web-Alert will provide weather alerts, Amber alerts, school closings and terrorist alerts. The Web-Alert is a free download that brings news, sports, weather and current radar to your computer. Go to our website www.physlab.com and click on this link to transfer to the KOLN/KGIN web site and join the 49,000 plus participants that already use the Web-Alert for constant access to the most current news and weather.

WHEN TO USE THE PLAIN, RED TOP CLOT TUBE?

Plain, red top, clot tubes are no longer required for Blood Bank testing; however, there are several tests that still require this tube. A few examples are:

Certain drug levels: Amitriptyline,
Wellbutrin, Carbamazepine (free
and total), Clomipramine,
Clozaril, Fluoxetine (Prozac),
Fluphenazine (Prolixin),
Quinidine, Imipramine (Tofranil),
Nortriptyline (Aventyl),
Phenytoin, Free and Total,
Protriptyline (Vivactyl),
Ritalin (Methylphenidate)
Culture, body fluids

Cold Agglutinins
Complement Activity Enzyme
Immunoassay, Total (CH50)
Glucose, body fluid
Protein, body fluid
Neuron Specific Enolase

Questions: Contact Client Service Dept.

MEMO. FORTHCOMING

Within the next few weeks, you will be receiving a memo from Physicians Laboratory requesting NPI (National Provider Identifier) on your physician(s). NPI identifiers will replace UPIN numbers as of May 23, 2007. To apply for a NPI number(s), contact <https://nppes.com.hhs.gov>.

TEST #224 LE PREP DISCONTINUED

The LE Prep is no longer offered by Physicians Laboratory Services. We are unable to find a reference laboratory that still performs the test, and standard laboratory practice, as well as regulatory compliance, dictates that we no longer perform the test.

The antinuclear antibody (ANA) test is the initial screening test used in the evaluation of patients with suspected collagen vascular disease. Rheumatoid factor should also be tested for in adults with arthritis. Depending on the results of the ANA test, other tests may also be indicated to distinguish systemic lupus erythematosus (SLE) from other collagen vascular diseases.

Questions: Contact Stephanie Gillespie
Hematology Supervisor or
Gregory Post, Ph.D., Director of
Clinical Services

PLEASE CALL AHEAD

If you are dropping off specimens after 5PM on Monday through Friday, before Noon in Lincoln and 3PM in Omaha on Saturday, and before 3PM in Omaha on Sunday (Lincoln is closed), please call ahead and let us know you are coming. This will avoid an unnecessary wait on your part, and we can process the specimen in a timely manner.

PRICE INCREASE FOR TEST #7505

The test price has increased to \$130 for test #7505 PTH Related Peptide. CPT and specimen requirements remain the same.

SERVICE GUIDE UPDATE

Our Service Guide has been updated (2nd Version, 2006) and is now available. If you have not yet requested a copy, please contact our Supply Dept.

COMPLETE CENTRIFUGATION

For clients who have centrifuges, please wait 20 mins. before centrifuging the specimen after collection. This is to insure the specimen is completely clotted, and the maximum amount of serum is obtained. Then centrifuge the specimen for 10 minutes. Partial clotting and/or centrifugation increase hemolysis and may compromise the specimen.

TEST CORRELATION SERVICES

Physicians Laboratory offers validation services to our clients at no charge if we submit previously tested specimens to the client for client testing. However, if the client submits specimens and asks us to perform testing, charges will be incurred.

“FREE PSA” CLINICAL SIGNIFICANCE

Elevated Prostate Specific Antigen (PSA) values can occur from a multiple of causes including benign prostate hypertrophy, acute or chronic prostatitis and prostate cancer.

“Free PSA” can help differentiate benign causes from malignancy based on the free/total PSA ratio. The higher the ratio, the more likely that a benign process is the result of an elevated total PSA. The American Cancer Society recommends that a “free PSA” be triggered when the total PSA falls between 4.0 and 10.0 ng/mL. When the total PSA is less than 2.0 ng/mL, the “free PSA” has been demonstrated to be clinically insignificant. **For this reason, any request for a “free PSA” will be cancelled when the PSA is < 2.0 ng/mL. Only the total PSA will be reported.**

Questions: Contact Jan Nelson
Chemistry Supervisor or
Gregory Post, Ph. D
Director of Clinical Services

ENDOMYSIAL ANTIBODY vs. TISSUE TRANSGLUTAMINASE ANTIBODY (tTG)

The National Institute of Health recommends serological testing as the first step in pursuing a diagnosis of celiac disease. Gluten intolerance is the hallmark of celiac disease and is characterized by diarrhea, bloating, muscle wasting and hypotonia. Failure to thrive is often seen in an infant suffering from gluten sensitivity. Glutens are found in grains such as wheat, rye, oats and barley. The best tests available are endomysial antibody or tissue transglutaminase. Conventional thought was that endomysial and tissue transglutamine antigens were unique entities, but endomysial antigen has now been identified as the protein cross-linking enzyme known as “tissue transglutaminase”. Either request for testing will result in an endomysial antibody test being performed.

Questions: Contact Gregory Post, Ph. D
Director of Clinical Services

“POST’S NOTES” HIGHLIGHTS

The American Cancer Society estimates that in 2006, approximately 9,700 cases of invasive cervical cancer will be diagnosed in the United States. It is further estimated that 3,700 women will

die from cervical cancer this year. Since the inception of the PAP tests in 1949, the death rate has dropped by approximately 74%. When an abnormal PAP is found, the next step is dictated by the diagnosis called Atypical Squamous Cells of Undetermined Significance (ASCUS). When ASCUS is reported, the American College of Obstetrics and Gynecology recommends one of three paths be followed:

1. Repeat the PAP at a frequency of 3-6 months to see if a normal PAP is obtained on subsequent collections.
2. Perform a colposcopy to remove the outer epithelial layer of cells from the cervix.
3. Perform a Human Papilloma Virus Test (HPV) to determine if an infection is present.
 - a. Low Risk HPV – repeat PAP in 12 months.
 - b. High Risk HPV – go to Colposcopy

HPV is a small, sexually transmitted DNA virus that can infect the mucous membrane of the cervix. Over 100 variants of the virus have been discovered, most of which are harmless. Around 30 types are contracted by sexual contact. Almost all-invasive cervical cancer contains certain strains of HPV.

In the United States, it is estimated that between 30-50% of all women between the ages of 15-25 are HPV positive. Most of these infections do not cause an abnormal PAP and are asymptomatic. In the majority of cases, approximately 80% of the women develop an immunologic response that eliminates the infection within 8 months without producing a cervical lesion. It may take a decade or longer from the point of infection with high risk HPV to the development of cervical cancer. For this reason, cervical cancer tends to occur in midlife. Approximately 50% of all women diagnosed with cervical cancer are between the ages of 35-55. It is rare to see cervical cancer in females less than 20 years old, and 20% of the cases of cervical cancer are diagnosed in females older than 65.

A vaccine has been released that offers protection against the two most common high risk types of HPV (16 and 18), which are found in approximately 70% of cervical cancer cases. It also offers protection against two of the low risk types (6 and 11) associated with approximately 90% of genital warts. The caveat of the vaccine is that it must be administered before the first sexual contact has occurred, and it offers no protection against other types of HPV that can cause cervical cancer. The vaccination consists of 3 separate shots administered over a 6-month period.

Note: To read a more detailed report on HPV and Cervical Cancer, go to our Website, www.physlab.com, and look under “Post’s Notes”, which is prepared by Gregory Post, Ph.D., Director of Clinical Services at Physicians Laboratory.