PHYSICIANS LABORATORY SERVICES

TECHNICAL BULLETIN

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B.Y. ROFFMAN, M.D. · R.K. KOERBER, M.D. · C.A. WEBSTER, M.D. · R.E. BOWEN, M.D.
W.R. MARKUS, M.D. . J.W. JONES, M.D. · D.J. BOLLINGER, M.D.
D.J.JASKIERNY, JR., M.D. · J.A. THOMSEN, M.D. · G.R. POST, Ph.D.

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Physicians Laboratory is pleased to announce Dr. Jean Thomsen has joined our pathology staff.

Dr. Thomsen is a native Omahan. Prior to medical school, she was in natural gas marketing at Northern Natural Gas and later did futures trading for Enron in Houston, TX. She returned to Omaha and attained her medical degree from UNMC, followed by four years of general pathology training there. Dr. Thomsen comes to us after completing two fellowships, one in cytopathology and the other in surgical pathology, at the Medical College of Virginia/Virginia Commonwealth University in Richmond, VA.

NEW TESTS AVAILABLE

Test # 1716 UREA CLEARANCE, URINE 24 HR.

Specimen:	1.0 mL serum **and** 15 mL of the 24 urine collection. Record the total volume and collection time of the 24 hour urine on the test requisition form.
Storage:	Refrigerated up to 5 days.
Testing:	Performed Monday through Saturday in Omaha and reported same day of testing.
Reference range:	By report.
CPT code:	84520
Cost:	$10
Questions:	Contact Jan Nelson Omaha Chemistry Supervisor

Test # 678 AFFIRM VP III DNA PROBE

The AFFIRM VPIII is a DNA probe assay that will detect clinically significant levels of the three agents associated with vaginosis/vaginitis: ***Gardnerella vaginalis, Candida spp.,*** **and** ***Trichomonas vaginalis.***

The AFFIRM VPIII can replace the need for conventional genital cultures and "wet mount" testing. This test offers quick turnaround time.

Specimen:	Vaginal fluid collected in the "Affirm VP III Ambient Temperature Transport System".
Storage:	Ambient or Refrigerated. Must be received in our lab. within 72 hrs. of collection.
Testing:	Performed daily and reported within 24 hours
Report:	Negative or Positive
CPT code:	87480, 87510, 87660
Cost:	$75
Questions:	Contact Shari Talbert Microbiology Supervisor

NEW REFERENCE RANGES

New reference ranges have been established for Test #397, Vet. T4.

	Old Range	New Range
Canine	1.0 – 5.0 mcg/dL	**1.0 – 6.0 mcg/dL**
Feline	1.0 – 5.0 mcg/dL	**1.0 – 6.0 mcg/dL**

Equine remains the same at 2.0 - 7.0 mcg/dL

Questions: Contact Jan Nelson
Omaha Chemistry Supervisor

GFR CALCULATION CHANGE

The GFR (Glomerular Filtration Rate) is an estimate of renal function. The National Kidney Foundation (NKF) recommends using the "Modification of Diet in Renal Disease" (MDRD) calculation and Physicians Laboratory follows this recommendation.

The NKF recently recommended that a factor in the calculation be changed if the testing laboratory uses a creatinine method traceable to isotope dilution mass spectrometry (IDMS). The adoption of this change results in a decrease of 3 – 6 % in the reported GFR. The normal range has not changed and is > 60 ml/min/1.73 $m^{2.}$

A new test, #2955 GFR Panel, has been created and includes GFR Calculation and Creatinine.

Specimen:	1.0 mL serum
Storage:	Refrigerated 1 week or Frozen 1 month.
Testing:	Performed Monday through Saturday in Omaha and reported same day of testing. Available "stat".
Reference range:	By report.
CPT code:	82565
Cost:	$4.00
Questions:	Contact Jan Nelson Omaha Chemistry Supervisor

TEST REPLACEMENT

Effective October 1, 2007, test #632 India Ink will no longer be performed at Physicians Laboratory.This test will be replaced by test #859 Cryptococcus Antigen, CSF

Test #859 Cryptococcus Antigen, CSF

Specimen:	1 mL CSF
Storage:	Refrigerated 1 week. Frozen indefinitely.
Testing:	Performed daily and reported within 24 hours of receipt
Report:	Negative or Positive
CPT code:	87327
Cost:	$35
Questions:	Contact Shari Talbert Microbiology Supervisor

ADDITIONAL CHARGE

For test #9386, H. Pylori Urea Breath Test, an additional charge of $75.00 will be assessed to the client for the Meretek UBT Breath Test Specimen Collection Kit. This is not included in the test price.

PAYMENT METHOD

Physicians Laboratory is now accepting payment with Visa®, MasterCard®, and American Express® debit or credit cards. No other cards are accepted. When notifying us of this form of payment, we will need the card number and the expiration date.

Questions: Contact Sue Kingslan
Billing Supervisor

RECEIPT OF SPECIMENS

Specimens, collected at your facility, may be delivered at our Omaha and Lincoln locations during the following times:

OMAHA

Monday through Friday	Before 8PM
Saturday	Before 3PM
Sunday	Before 2 PM

LINCOLN

Monday through Thursday	Before 8 PM
Friday	Before 6 PM

WEBSITE FEATURES

If you haven't visited our Website (www.physlab.com), there are a few features we'd like to share with you. Did you know?

- Physicians may connect via the Web and look up patient results.
- Under "***Services"*** Available Lunch and Learn Seminars presented by Gregory Post, Ph.D. are listed. These are provided at no charge to your facility
- Under ***"Company in Brief"*** – **Credentials -** Current CLIA and CAP certificates are posted and can be printed for your use
- Under "***Clients***",
  1. "Links" are available to our reference labs.
  2. Questions and answers regarding HIPAA are provided
  3. "Ask PLS" provides the opportunity to email us questions. These will be routed to the appropriate person and answered promptly.

REQUEST REPORT FAXED ELSEWHERE

When asking us to fax a report to another physician, please include the first and last name of the physician and the fax number. We are unable to honor your request without this information.

COMING SOON!!!!

Our clinical reports will soon have a whole new look. We are in the process of developing a new format that will be more "user friendly" and provide more information to the physician. Details will be forthcoming.

"THE BIG K+"

Elevated potassiums (K+) may be caused by non-physiological reasons. When red blood cells are "lyzed" or burst, potassium is released into the serum. Red blood cells contain 23 times more potassium than serum, and that is why the potassium becomes elevated. **The most common causes are not allowing the specimen to clot and not centrifuging at the correct time and speed.** Listed below are other reasons for hemolyzed specimens

- ✓ **Tourniquet in place for extended period of time-** Don't apply until ready to draw.
- ✓ **Tube not filled completely**
- ✓ Excessive fist clenching when obtaining blood
- ✓ "Threading the needle" when performing the venipuncture. The angle of insertion is very shallow which causes the bevel of the needle to press against the side of the vein.
- ✓ Vigorously mixing tubes
- ✓ Traumatic draw
- ✓ Small gauge needle increases hemolysis
- ✓ Excessive pressure on syringe plunger
- ✓ Forcibly squirting blood from syringe to vacutainer tube
- ✓ Refrigerating clot before centrifuging
- ✓ Transportation of specimen

HERPES SIMPLEX SEROLOGIC TESTING

Serological tests for the detection of antibodies to HSV can be ordered to help identify patients who have been infected. Initial tests are combination screens for antibodies to HSV-1 and HSV-2 (IgG and IgM) and do not distinguish between the subtypes. Positive common screening tests can be reflexed to test for type specific HSV glycoproteins G (gG1 and gG2), which differentiate whether the sample is positive for HSV-1, HSV-2 or both.

The shortcomings of antibody testing are:

• it does not indicate the source of the infection and;
• with acute infections, there can be a 2 – 4 week time frame before antibodies develop, so a negative result can be obtained early in the infection;
• once you have detectable antibodies, they may be present for years and the only way to determine if an active infection is present is to repeat the test 2 – 4 weeks later to see if the amount of antibody shows a significant change in value;
• a small percentage of patients may never develop type specific G antibodies, so Western blot testing may be required to determine what subtype is present in this population.

The "gold standard" for testing of lesions on the skin is the **HSV Culture**. This test requires live virus, special transport tubes, and results are available in 24-48 hours. Fresh, active lesions are recommended. Testing the vesicles result in a detection rate of 70 – 80 %. If the lesions have formed a crust, the ability to detect the virus drops to about 20 – 30 %. Test #606 HSV Culture does not distinguish between HSV 1 and HSV 2 types. Additional testing may be performed, if requested.

Gregory Post, Ph.D.