

Volume 6

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## Test #806 LEAD, WHOLE BLOOD

When submitting specimens for test #806, please include the patient's address. All results of lead testing must be reported to the state of origin's Public Health Department. Having the patient's address on the requisition will eliminate a phone call to your office.

Questions: Contact Jan Nelson  
Omaha Chemistry Supervisor

## Test #2082 CHLAMYDIA/GC PCR on Liquid Based Vial

**Beginning July 1, 2008** our Molecular Pathology Department will be able to perform test #2082 Chlamydia/GC, PCR on "SurePath®" specimens as well as "Thin Prep®" specimens. Validation studies were conducted to insure the results were acceptable. CPT codes and cost remain the same.

Questions: Contact Dr. Gregory Post  
Director of Clinical Services

## Test #7919 WEST NILE VIRUS ANTIBODY, SERUM

**West Nile testing on serum is now being performed at the Lincoln laboratory.**

Specimen: 1.0 mL serum  
Storage: Refrigerated up to 5 days.  
Testing: Performed Wednesday and Friday and reported 1-3 days  
Reference range: Negative.  
CPT code: 86789, 86788  
Cost: \$58

Questions: Contact Patsi Tobey  
Lincoln Corporate Center  
Supervisor

## Test #9255 RESPIRATORY VIRAL CULTURE

For clarification purposes, this test screens for the following infectious agents:

*Adenovirus, Influenza A and B, Enterovirus, HSV, Parainfluenza 1, 2, and 3, RSV, and Varicella Zoster.*

If you are looking for one or more of the above agents, this will automatically be performed, and a separate test order is not necessary. Specimen requirements, CPT codes, and cost have not changed for this test.

Questions: Contact Crystal Waymire  
Processing Day Supervisor

## T4 FREE vs. T3 UPTAKE (Test #85) vs. (Test #302)

Circulating thyroid hormones (T4, T3) are highly bound by TBG (thyroxine-binding globulin) in blood. Free (or unbound) T4 and T3 are the active components available to cells for regulating functions, such as body metabolism and temperature. Total T4 is composed of 0.05 % Free T4, and Total T3 is composed of 0.25 % Free T3.

**T4 Free (FT4)** (test #85) is a test that directly measures the levels of unbound T4 in the blood. It is the most accurate way to access the level of unbound T4 in our circulation.

**T3 Uptake** (test #302) is an indirect method for assessing unbound T4. Although it is less expensive to perform, it also is **less accurate** and provides only an "**estimate**" of the unbound T4. This test has become obsolete in many medical centers across the country. With the wide availability of FT4 tests now available, the American Thyroid Association (ATA) recommends a screening protocol that does not utilize T3Uptake<sup>1</sup>.

Physicians Laboratory Services is in the process of changing the platform that thyroid testing is performed on.

**In accordance with the ATA's recommendations, we will no longer offer T3Uptake (test #302), effective August 1, 2008.**

1. [http://www.thyroid.org/professionals/publications/documents/GuidelinesdetectionThyDysfunc\\_2000.pdf](http://www.thyroid.org/professionals/publications/documents/GuidelinesdetectionThyDysfunc_2000.pdf)

Questions: Contact Dr. Gregory Post  
Director of Clinical Services

## SPECIMEN REQUIREMENTS FOR ANTICONVULSANT DRUG TESTING

Serum from a plain, red top tube (Non-SST serum separating gel) is the only acceptable specimen for therapeutic drug monitoring of the following anticonvulsants:

- Test #710 Dilantin (Phenytoin), Total
- Test #357 Dilantin (Phenytoin), Free and Total
- Test #896 Dilantin (Phenytoin) / Phenobarbital
- Test #722 Carbamazepine (Tegretol), Total
- Test #361 Carbamazepine (Tegretol), Free and Total
  
- Test #718 Phenobarbital (Luminal), Total
- Test #660 Phenobarbital (Luminal), Free and Total
  
- Test #706 Valproic Acid (Depakane), Total
- Test #880 Valproic Acid (Depakane), Free and Total
  
- Test #836 Mysoline (Primidone) includes Phenobarbital

Results from SST (gel barrier) tubes may be 5-10% lower than from a plain red top tube. The gel binds the drug, and it affects the "free or unbound" specimen more than "total" specimen.

If we receive a SST specimen, a disclaimer will be added to the report.

Questions: Contact Jan Nelson  
Omaha Chemistry Supervisor

## MICROSCOPIC HEMATURIA

The American Urological Association recommends the definition of "microscopic hematuria" (blood in the urine) as:

*"Three (3) or more RBCs per high power microscopic field (hpf) in urinary sediment from two of three properly collected urinalysis specimens."*

A "properly collected urinalysis specimen" is a freshly voided, clean-catch, midstream urine specimen. The specimen quantity should be at least 10 mL.

**Beginning June 9, 2008, Physicians Laboratory changed the normal value for RBCs seen in the microscopic exam.**

<u>New Normal Range</u>	<u>New Abnormal Values</u>
<b>Negative</b> or <b>0-2 RBC/hpf</b>	<b>3-10 RBC/hpf</b> 10-20 RBC/hpf 20-50 RBC/hpf TNTC (Too numerous to count)

Questions: Contact Stephanie Gillespie  
Omaha Hematology Supervisor

## UPDATED SERVICE GUIDE AND PRINTED TEST DIRECTORY

The updated Service Guide, which includes a printed version of our "Test Directory", is now available. If you would like a copy, please contact our Supply Dept.

The "Test Directory" on our Website ([www.physlab.com](http://www.physlab.com)) offers the most current information for specimen requirements, available new tests, etc. and updates are ongoing.

### "PHYSICIANS LAB. POINTERS"

- *To provide faster turnaround time for "stats", please place the specimen in a red labeled "STAT" biohazard bag and tell the courier you are sending a "stat".*
- *To improve our follow-up process for a question or concern, please note the name of the person you spoke with at Physicians Laboratory. This helps us address the matter in a timely manner.*
- *When submitting an extra specimen, please write "extra" on the tube so we know not to call for resolution. It is extremely important for us to be sure we have the appropriate specimens for the tests ordered, and when we receive an additional tube, we are concerned a test was accidentally overlooked.*
- *Make sure the patient's name on the specimen matches the patient's name on the requisition. The information **MUST** be identical.*
- *Tissue specimens for Histology must be placed in properly labeled (patient's full name, physician's name, date, and specimen source) formalin containers. Formalin should cover the entire specimen. Place the formalin container in an orange labeled "10% Formalin" biohazard bag and place the requisition in the separate pouch. Contact our Supply Dept. to obtain formalin containers and/or 10% Formalin biohazard bags.*

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**If you would like to see specific tests, topics, addressed in the Technical Bulletin, please contact Pam Otto.**