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TECHNICAL BULLETIN

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TEST #205 PT (PROTHROMBIN TIME) STORAGE AND STABILITY CHANGE

Effective May 1, 2009, PT (protime) specimens received refrigerated will not be accepted. Recent studies have shown that refrigeration can cause cold activation of specific clotting factors.

Test #205 **Prothrombin Time (PT)/INR**
Specimen: 5.0 mL Whole Blood Citrated
Storage: **Ambient (Room Temp) 24 hours, Frozen 1 week.**
Note: If the specimen cannot be transported to laboratory within 24 hours, centrifuge the specimen, separate plasma from the cells, and freeze the plasma.
Cost and CPT codes remain the same.
Note: Specimen requirements (frozen citrated plasma) for aPTT remain the same.
Room Temperature (ambient) biohazard transport bags will be available within the next few weeks.
Questions: Cassy Richards
 Omaha Hematology Supervisor

THERAPEUTIC DRUG TESTING

Please submit specimens in plain, red top, clot tubes. SST (gel barrier) tubes will be rejected beginning April 1, 2009. The drugs are as follows:

- Test #1430 Gentamicin, Trough (Pre)
- Test #1431 Gentamicin, Peak (Post)
- Test #1432 Gentamicin, Random
- Test #1429 Theophylline
- Test # 9801 Tobramycin, Trough (Pre)
- Test # 9802 Tobramycin, Peak (Post)
- Test # 9803 Tobramycin (Trough and Peak)
- Test # 9804 Tobramycin, Random
- Test # 471 Vancomycin, Peak (Post)
- Test # 470 Vancomycin, Trough (Pre)
- Test # 469 Vancomycin, Trough and Peak
- Test # 1775 Vancomycin, Random

Results from SST (gel barrier) tubes may be 5-10% lower than from a plain, red top tube.

Questions: Jan Nelson
 Omaha Chemistry Supervisor

URINALYSIS TEST NUMBER CHANGES

Due to a new computer interface with our urinalysis instrument, test numbers have changed.

| Old Test # | New Test # |
|---------------------------------------|-------------------|
| 216 Urinalysis | 1299 |
| 1216 Urinalysis with Microscopic | 2299 |

Specimen requirements, CPT codes and costs remain the same.

Test #4216 Urinalysis with Reflex to Culture

Routine Urinalysis is performed. If leukocyte esterase, blood, nitrite and/or protein are positive, a microscopic will be performed. If microscopic shows >5 WBC and < 20 epithelial cells, then a urine culture will automatically be performed.

Specimen: 10.0 mL random urine in a sterile container
Storage: Refrigerated
CPT code: 81002
Cost: \$4.00
Note: Additional CPT codes and costs will be added if microscopic and/or culture are performed.

Questions: Cassy Richards
 Omaha Hematology Supervisor

TEST NUMBER CHANGE **Hemoglobin Electrophoresis is now Test #406**

Specimen 1) 5.0 mL Whole Blood EDTA
 2) Submit current MCV value

 Performed on patients older than 6 months of age.
Note: If less than 6 months of age, order test #1523 Hemoglobin Electrophoresis for Newborn.

Storage: Refrigerated
Testing: Performed at UNMC on Thursday and reported on Friday.

Reference range: By Report.
CPT code: 83020, 83030, 83021
Cost: \$120.
Questions: Crystal Waymire
 Omaha Processing Supervisor

HPV TESTING

The Cytology requisition has been modified so physicians can indicate when they would like an HPV test to be performed. Physicians Laboratory will not perform HPV testing on an ASC-H patient unless it has been requested by the client. This is in accordance with the "2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests"

Questions: Juli Singer at 402 494-4545
Cytology Supervisor

BILLING DIRECTIVES

Physicians Laboratory is requesting clients to indicate on the requisition to whom the bill should be directed (client, Medicare/Medicaid, Third Party or the patient). To bill Medicare/ Medicaid or third party, the following information must be provided.

- * Patient's legal name (First and Last) – No "nicknames"
- * Date of birth
- * Patient's Address (street, city, state, and zip code)
- * Medicare Waiver Signed", if applicable. (Check "Yes" or No)
- * Name of Insurer (If applicable, check Medicare and/or Medicaid)
- * Patient's Insurance ID Number
- * Patient's Insurance Group Number
- * ICD 9 Diagnosis Code(s)
- * Name of Responsible Party (Required by BCBS)
- * Responsible Party's Relationship to the Patient (Required by BCBS)

Note: It is acceptable to attach a "patient information billing sheet" to the requisition, but it must include all of the information listed above.

If no information is provided or the information is not complete, the client will be billed directly.

Questions: Sue Kingslan
Accounts Receivable
Supervisor

WHICH "ESTRADIOL" TO ORDER?

Physicians Laboratory Services offers two tests for Estradiol in serum. Test # 925 Estradiol Female Fertility is performed "in house" and is recommended for pre-menopausal females. It is used in the assessment of fertility. The measurable range at the lowest value is 20 pg/mL and the high end is limited only by dilution of the sample. Most females of childbearing age have Estradiol levels greater than 20 pg/mL. This test is also used to follow Estradiol levels following stimulation for assisted reproduction.

Prepubertal children, males, and post-menopausal females normally have very low Estradiol levels <20 pg/mL) and test # 7439 should be ordered. This assay uses a methodology that can detect values down to 1 pg/mL. This assay is sent to a reference lab. so the turnaround time is longer, and the test is more expensive to perform.

Submitted by: Gregory Post, Ph. D.
Director of Clinical Services

UPDATE ON 25 HYDROXY-VITAMIN D

A major reference laboratory recently made national news regarding inaccurate reporting of 25 hydroxy Vitamin D (25OH Vit-D) using a method developed "in-house". Physicians Laboratory Services offers test #9277 for 25 OH Vitamin D in serum and it uses an assay that is FDA approved. The assay we employ is used by over 40 other laboratories in the US. We are enrolled in a proficiency testing program and to date, our laboratory has not failed a single challenge.

Vitamin D is involved in many biological processes including bone metabolism, immune function, cardiovascular health and cancer prevention. The most common source of Vitamin D is from sun exposure and in our geographical location, we are at risk for low levels during the months of October through March.

Submitted by: Gregory Post, Ph. D.
Director of Clinical Services

SCREENING FOR MRSA

Recent confusion has occurred regarding the ordering of MRSA screens vs. aerobic bacterial cultures. MRSA (Methicillin resistant Staph aureus) can be tested by ordering (1) an aerobic bacterial culture (#601) which checks for MRSA and other bacteria present, or ordering (2) a MRSA Screen (test #6601), which only checks for the presence of MRSA. The advantage of an aerobic culture is that you receive a more comprehensive result. It is important to include the comment "Check for MRSA" on aerobic cultures to ensure any detectable MRSA is reported. Small amounts of MRSA can be part of normal flora in certain sources and can be present in clinically asymptomatic individuals.

Questions: Shari Talbert or Jean Fisher
Microbiology Supervisors

QUAD SCREEN BROCHURE

Physicians Laboratory has prepared a brochure explaining the Quad Screen test for patients. If you would like this brochure to give to your patients, please contact our Supply Department.

CUSTOMER SUPPORT

Physicians Laboratory Services strives to offer quality client service support. When you have concerns, please contact your account representative. Any information that you can provide pertaining to an incident (date, time, names, etc.) is extremely helpful. Your feedback is critical in improving our services.

You may contact the following individuals:

In Omaha: Kacey Moreland (Marketing Director) or Betsy Hildebrandt (Client Services Supervisor) at 402 731-4145 or 1-800-642-1117.

In Lincoln: Patsi Tobey or Sue Behrends (Laboratory Supervisors) at 402 488-7710

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|--------------|------------|--------------|
| Bev Ruch | Marketing | 402 660-6760 |
| Vinny Rallis | Marketing | 402 660-4858 |
| Diana Canine | Consultant | 402 690-7699 |
| Patti Seidel | Consultant | 402 690-9802 |