

This list contains the reflex testing performed by Poudre Valley Hospital Clinical Laboratory, Medical Center of the Rockies Laboratory, Harmony Campus Laboratory, Harmony Cancer Center Laboratory, Greeley Hospital Laboratory, and Greeley Emergency and Surgery Center Laboratory. Reflex testing may be performed in the absence of a specific written order when results of initial testing indicate that a second, related test is medically appropriate. Providers who prefer that reflex testing not be performed may contact the laboratory. Reflex testing policies are presented by the laboratory medical director to the medical executive committee for approval.

In Microbiology, additional specimen processing, identification, susceptibility (MIC) and reflex testing will be performed on positive cultures, when medically appropriate per procedure. They will be billed as “add-on” tests.

INITIAL TEST	CONDITION CAUSING REFLEX	REFLEX TEST PERFORMED
Antibody Screen	Positive	Antibody identification
Type and Screen	Clinically significant antibody presence or previous history	Complete crossmatch for 1-2 units and screens for antigen-negative units
Prepare Red Blood Cell (RBC)	Order received without current Type and Screen	Type and Screen
Prepare Fresh Frozen Plasma (FFP), Platelets, or Cryoprecipitate	Order received without patient blood type history	ABO/Rh and/or Retype
Pre-Admit Type and Screen for Surgery	Positive antibody or patient does not meet pre-admit criteria for 30 day sample	Type and screen repeated within 3 days of surgery
Direct Antiglobulin Test	Positive	Mono-specific DAT studies
Antibody Panel	Positive	Patient antigen typing, antigen typing to identify antigen negative units, complete crossmatch, and Direct Antiglobulin Test, if indicated
Prenatal Testing	Positive	Antibody identification. Titer if clinically significant antibody identified.
Fetal Screen	Positive	FetalDex (Kleihauer-Betke)
Rh Immune Globulin Rh Type	Negative	Rh Immune Globulin workup
ABO/Rh Type	Discrepant	ABO/Rh as indicated with different methods to determine patient blood type. (Techniques may include warming, cold screen, antigen typing or ID)
Massive Transfusion Situation		Automatic orders are instituted based on the Massive Transfusion Policy.
Sickle Cell Disease		Red cell antigen matching for Rh, K, Fy, Jk, S on donor units. Hgb S negative units provided for all red cell transfusions. Molecular phenotyping (One time only)
Warm Auto Present		Red cell antigen matching for Rh, K, Fy, Jk, S on donor units. Molecular phenotyping (One time only)

Patient on Daratumumab		Red Cell antigen matching for K only
Blood Type	First blood type on the patient at this facility	Confirmatory blood type from a second venipuncture
Cord blood	There is no previous maternal blood type recorded at this facility	Blood type performed on maternal sample from admission
Cord Blood Workup	Based on maternal and infant blood types	Direct Antiglobulin Test
Cord Blood Workup	Positive Direct Antiglobulin Test	Total Bilirubin Cord Blood
HIV screen	Reactive	Immune-chromatographic confirmation
Total Antibodies to Hepatitis A	Positive	Hepatitis A IgM
Hepatitis B surface antigen	Equivocal	Confirmation by neutralization
Syphilis IgG antibody (Treponema pallidum)	Positive or equivocal	RPR and if Reactive and RPR Titer
RPR (Treponema pallidum) non-treponemal test	Reactive	RPR titer and Syphilis IgG Ab test
Culture	Positive	Identifications and susceptibilities as appropriate
Culture	Suspected Multi Drug Resistant Organism	Confirmation and susceptibilities as appropriate
Culture	Aerobic Actinomyces	Identifications and susceptibilities as appropriate
Gram stain	Source is NOT: Catheter tip Nose/Nasal/Nares Stool Throat Urine	Aerobic culture
Acid Fast Culture	Positive	Identifications and susceptibilities as appropriate
Perinatal Strep screen	Patient allergic to penicillin or cephalosporins	Susceptibility to Clindamycin
MRSA	Pre-Op and Inpatient	Test performed by PCR
Stool Culture	Vibrio, Salmonella typhi, Shigella - all patients Aeromonas, Salmonella, Yersinia enterocolitica - Inpatients	Susceptibilities if indicated
GI PCR	Vibrio, Salmonella Typhi, Shigella - all patients Aeromonas, Salmonella, Yersinia enterocolitica - Inpatients	Test performed by PCR, susceptibilities if indicated. GI PCR Supplemental Culture.
Clostridium difficile panel	Tests ordered on inpatients only - Positive C. diff PCR test -- presence of toxin B gene	Test for the presence of toxin production
Blood parasites test	Positive screen	Speciation and quantitation
Urinalysis Dipstick with Reflex to Microscopic Exam if indicated	Child <6 years old	UA microscopic, regardless of dipstick results
Any Urinalysis order	Cath specimen on child \leq 18 years old	Urine culture

