

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 West Greeley Emergency 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
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)
Acid Fast Culture	Positive	Identifications and susceptibilities as appropriate
ANA reflex	Positive ANA screen	dsDNA, chromatin, SS-A, SS-B, Sm (Smith), RNP, SM/RNP, Scl-70, Jo-1, Centromere B
Antibody ID	Two or more antibodies developed in three months	Molecular Phenotype
Antibody Panel	Positive	Patient antigen typing, antigen typing to identify antigen negative units, complete crossmatch, and Direct Antiglobulin Test, if indicated
Antibody Screen	Positive	Antibody identification
Any Urinalysis order	Cath specimen on child $\leq 18$ years old	Urine culture
BHCG Reflex to Progesterone	$\geq 5.4$ mIU/mL BHCG	Progesterone
Blood Culture	Positive gram stain on first bottle for GPC, GNR, and/or Yeast	Molecular BCID2 Panel per established protocol
Blood parasites test	Positive screen	Speciation and quantitation
Blood Type	First blood type on the patient at this facility	Confirmatory blood type from a second venipuncture
CBC with automated differential	Flagged abnormal	Manual smear review or manual differential depending on criteria established by the hematology lab with the hematopathologist
CBC with automated differential or Oncology CBC	Low WBC requiring smear review	Buffy Coat preparation
CBC with automated differential or Oncology CBC or Body Fluid Cell Count & Differential	Previously-determined criteria from Laboratory Medical Directors	Pathologist Review
Celiac IgA; tTG IgA; or DGP IgA	IgA deficiency is detected	Celiac IgG - Tissue transglutaminase IgG (tTG) and deaminated gliadin peptide IgG (DGP)
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

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
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
Direct Antiglobulin Test	Positive	Mono-specific DAT studies
Drugs of Abuse Screen w/Reflex to Conf.	One or more positive test(s) (with the exception of positive TCA)	Corresponding confirmatory test(s)
Drugs of Abuse Screen with or without Reflex to Confirmation	All	Fentanyl screen added once resulted
Fentanyl Qual. Screen w/Reflex to Conf.	Positive Fentanyl	Fentanyl confirmatory testing
Fetal Screen	Positive	Fetaldex (Kleihauer-Betke)
GI PCR	Vibrio, Salmonella Typhi, Shigella - all patients Aeromonas, Salmonella, Yersinia enterocolitica - Inpatients	Test performed by PCR, susceptibilities if indicated. GI PCR Supplemental Culture.
GI PCR - <b>11 Target (primarily outpatients) and 22 Target Testing</b>	Vibrio, Salmonella Typhi, Shigella - all patients Aeromonas, Salmonella, Yersinia enterocolitica - Inpatients	Test performed by PCR, susceptibilities if indicated. GI PCR Supplemental Culture. <b>C.difficile Detected will reflex to Toxin EIA if inpatient is &gt;3 days of admission.</b>
Gram stain	Source is NOT:	Aerobic culture
Gross lab and/or bone marrow specimens		Performed based on previously-determined algorithms from the pathologists and/or review of bone marrow sample
Hepatitis B surface antigen	Equivocal & Reactive	Confirmation by neutralization
HIV screen	Reactive	Immune-chromatographic confirmation
Lupus Panel	Positive screen results	Confirmation tests and/or mixing studies
Massive Transfusion Situation		Automatic orders are instituted based on the Massive Transfusion Policy.
Meningitis/Encephalitis Panel (MEP)	Any result	Culture performed
Mononucleosis Screen with reflex EBV	Negative screen result	EBV IgG IgM Panel
MRSA	Pre-Op and Inpatient	Test performed by PCR
Oncology CBC	Inaccurate automated Neutrophil and/or Lymphocyte differential or first incidence of suspect blasts	Manual differential depending on criteria established by the hematology lab with the hematopathologist
Patient on Daratumumab		Red Cell antigen matching for K only

Perinatal Strep screen	Patient allergic to penicillin or cephalosporins	Susceptibility to Clindamycin
Platelet Count	< 75	IPF
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
Pregnancy Test Qualitative, reflex quantitative, serum	Positive	Quantitative BHCG
Prenatal Testing	Positive	Antibody identification. Titer if clinically significant antibody identified.
Prepare Fresh Frozen Plasma (FFP), Platelets, or Cryoprecipitate	Order received without patient blood type history	ABO/Rh and/or Retype
Prepare Red Blood Cell (RBC)	Order received without current Type and Screen	Type and Screen
Rh Immune Globulin Rh Type	Negative	Rh Immune Globulin workup
RPR (Treponema pallidum) non-treponemal test	Reactive	RPR titer and Syphilis IgG Ab test
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)
Stool Culture	Vibrio, Salmonella typhi, Shigella - all patients Aeromonas, Salmonella, Yersinia enterocolitica - Inpatients	Susceptibilities if indicated
Syphilis IgG antibody (Treponema pallidum)	Positive or equivocal	RPR and if Reactive and RPR Titer
Syphilis Total antibody (IgG & IgM) (Treponema pallidum) TREPAB (LAB1197)	Reactive	If no HX of Syphilis or UNKNOWN and RPR is Non-reactive then TP-PA. If HX is YES and RPR is Non-Reactive no further testing. If HX is YES and RPR is Reactive an RPR Titer.
TEG Panels	Reflexes are dependent upon several factors.	Please contact MCR Laboratory for specific information
Total Antibodies to Hepatitis A	Positive	Hepatitis A IgM
TSH Reflex	Abnormal TSH	FT4
Type and Screen	Clinically significant antibody presence or previous history	Complete crossmatch for 1-2 units and screens for antigen-negative units
UA Complete w/ reflex to culture or UA Microscopic, reflex to culture	>10 WBCs/hpf <u>and</u> ≤10 Epis/hpf	Urine culture
Urinalysis Dipstick with Reflex to Microscopic Exam if indicated	Child <6 years old	UA microscopic, regardless of dipstick results
Warm Auto Present		Red cell antigen matching for Rh, K, Fy, Jk, S on donor units. Molecular phenotyping (One time only)

Whole blood prothrombin time/INR	INR >5.0	PT/INR from venipuncture
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