

Clinical Laboratories

Colorado, USA

117809.76 Reflex Testing

Copy of version 3.0 (approved and current)

Last Approval or Periodic Review Completed	2/6/2020	Controlled Copy ID 182653	
		Location	Test Catalog upload
Periodic review not required		Organization	Highlands Ranch
Effective Date	2/6/2020		

Comments for version 3.0

MEC approval 1/28/20

Updated wording for Pathologist smear review.

Approval and Periodic Review Signatures

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Туре	Description	Date	Version	Performed By	No
Approval	Lab Director	2/6/2020	3.0	Carol Dittmann	
Approval	Lab Manager	2/2/2020	3.0	Sarah Miller	
Approval	Lab Director	1/2/2020	2.0	Carol Dittmann	
Approval	Lab Manager	1/2/2020	2.0	Sarah Miller	
Approval	Lab Director	12/14/2018	1.0	Ship And mo	
Approval	Lab Manager	12/9/2018	1.0	Sarah Miller	
ersion Hist	ory				
Version	Status		Туре	Date Added Date Effective Da	ate Retired

Version	Status	Туре	Date Added	Date Effective	Date Retired
3.0	Approved and Current	Major revision	2/2/2020	2/6/2020	Indefinite
2.0	Retired	Major revision	1/2/2020	1/2/2020	2/6/2020
1.0	Retired	Initial version	12/2/2018	12/14/2018	1/2/2020

117809.76.Reflex Testing, Version 3.0.



Highlands Ranch Hospital Clinical Laboratory

Reflex Test Protocols MEC Approved: 1/28/20

Reflex testing occurs in accordance with established algorithms. In addition to in-house reflexive testing noted in this document, referral laboratories to include ARUP and UCH may provide reflexive testing in accordance with established algorithms.

Test Ordered	Initial Test Performed	Criteria for Reflex	Tests Ordered by Reflex, as applicable
Blood Bank			
Prepare RBCs for Transfusion (aka Crossmatch)	N/A	No Antibody Screen ordered	Antibody Screen
Direct Antiglobulin Test (DAT)	Polyspecific DAT	Positive polyspecific DAT	IgG DAT, C3 DAT
	lgG DAT	Positive IgG DAT	Elution
Fetal Cell Screen	Fetal Cell Screen	Positive	Fetal Hemoglobin
Rh Type	Rh Type	Rh-negative mother with Rh - positive or Rh-unknown baby	Type and Screen and/or Rh Immunoglobulin
Type and Screen	ABO, Rh, Antibody Screen	Positive antibody screen	Antibody identification
		No historical ABO type	ABO Group (retype)
Transfusion Reaction Investigation (red cell components only)	N/A	Patient temperature increase ≥ 3°C.	Culture and Gram Stain of blood unit

Test Ordered	Initial Test Performed	Criteria for Reflex	Tests Ordered by Reflex, as applicable
Chemistry/Immuno	bassay		
Lactate Arterial Sepsis	Lactate, Arterial	Result of ≥ 2.0 mmol/L	Lactate, Arterial to be drawn 2 hours post treatment/ monitoring.
Lactate Venous Sepsis	Lactate, Venous	Result of ≥ 2.0 mmol/L	Lactate, Venous to be drawn 2 hours post treatment/ monitoring.
Test Ordered	Initial Test Performed	Criteria for Reflex	Tests Ordered by Reflex, as applicable
Toxicology			
Drug Screen Panel as selected	Drug Screen Panel as selected	Positive for Amphetamine, Methamphetamine, Barbiturates, Cocaine, Opiates, Methadone, or Oxycodone	Confirmation testing (as applicable to panel ordered).

HRH Reflex Test List 1-28-20.xlsx

Test Ordered	Initial Test Performed	Criteria for Reflex	Tests Ordered by Reflex, as applicable
Hematology and Coa	gulation		
CBC/Plt/Autodiff	CBC/Plt/Autodiff	Autodiff fails	CBC with manual diff
Manual Differential (CBC/Autodiff, Manual if Autodiff fails and/or CBC with Manual Differential)	Slide Evaluation - Manual Differential	Pathologist review based on quality assurance criteria. Referenced procedure: 117809.138 Path Review Criteria	Path Review
Physician Directed Path Review	Pathologist Review and Complete Blood Count (CBC)	Pathologist required clinical context for correlation.	CBC is automatically ordered and performed.

Test Ordered	Initial Test Performed	Criteria for Reflex	Tests Ordered by Reflex, as applicable
Microbiology and M	olecular		
Blood Culture	Blood Culture	Positive culture	Identification, aerobe; Identification, anaerobe; Identification, enzyme detection; Identification, mold; Identification, Mycobacteria/ AFB; Identification, yeast; Sensitivity; Culture typing; per
Clostridium difficile	C. difficile Testing by PCR	If PCR is positive	Toxin A/B EIA

Test Ordered	Initial Test Performed	Criteria for Reflex	Tests Ordered by Reflex, as applicable
Urinalysis			
Urinalysis, Reflex	Urinalysis Chemical	Any appearance other than "Clear", and/or Positive Protein, Blood, Nitrite, and/or Leukocyte esterase	Microscopic Examination