

## **Disclaimer**

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## **Revision Insight**

Document ID: 21544
Revision Number: 7

Owner: Edgar Ferrusquia, Laboratory Supervisor

Revision Official Date: 7/22/2020

**Revision Note:** 

update header from FRHG to AHRO[Owner changed from Jagdon, Mabtex C to Ferrusquia, Edgar by Merrill, Deborah on 01-FEB-2022]

[Added at review/expire: No change.]

[Marked as Reviewed on 4/26/2022 by Edgar Ferrusquia: Next Review Date is 4/26/2024.]



Subject/Title: AHRO Laboratories Catalog of Tests Q-S

**Catalog Format:** Review the follo

Review the following alphabetical listing of our lab test catalog for each of our offered tests. Each page has at least the following

elements:

**Test Name** 

**Alternate Test Name** 

LIS/HIS Code

**Storage/Transportation** 

**Specimen Requirements** 

**Optimal Volume** 

**Minimal Volume** 

**Post Testing Storage** 

**Patient Preparation** 

**Collection Instructions** 

**Reference Ranges** 

Methodology

**Additional Information** 

Re	Respiratory Syncytial Virus	
Alternate Test Name	RSV	
HIS Code / LIS Code	RSVAG	
Where Performed	AHRO	
Specimen Handling	Transport specimens to laboratory as soon as possible, where specimens should be processed immediately.	
Specimen Requirements	Fresh nasopharyngeal washes, aspirates, and swabs, as well as tracheal aspirates	
Optimal Volume	Nasopharyngeal washings with volumes of 3 – 4 mL	
Minimal Volume	Nasopharyngeal swab with added transport media	
Patient Preparation	Collection of the nasopharyngeal washes is to be	
	performed by the physician or nursing staff	
Reference Ranges	Negative	
Methodology	EIA	
Additional Information	Excessively bloody specimens should not be tested.	
	Specimens containing visible blood have been found	
	to yield either uninterruptible or false-positive results.	
	Please see the following page for a guide on proper	
	collection of nasopharyngeal specimens	

(See collection instructions next page)

# **NASOPHARYNGEAL SPECIMEN**

A Guide For Providers

# **USE MASK, GLOVES, AND EYE PROTECTION**

## NASOPHARYNGEAL ASPIRATE METHOD (PREFERRED)

- · Suction apparatus (Luken's trap, syringe, or bulb)
- Sterile suction catheter (e.g., #8 French)
- Sterile saline
- · Viral transport medium tube
- 1. Attach catheter to suction apparatus.
- 2. Instill several drops of sterile saline into
- 3. Place catheter through nostril to posterior nasopharynx (same distance as from nostrils to external opening of ear).
- 4. Apply gentle suction. Using rotating motion, slowly withdraw catheter.
- 5. For an optimal sample, repeat procedure using other nostril.
- 6. With the viral transport medium, rinse secretions through the catheter into the collection container.

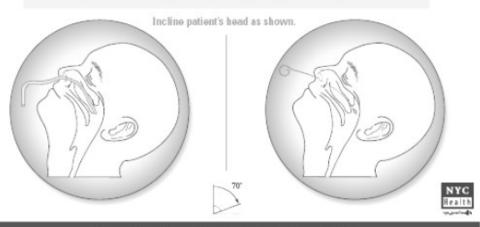
## NASOPHARYNGEAL SWAB METHOD

### Materials:

- Nasopharyngeal swab (flexible shaft) with rayon tip
- Viral transport medium tube
- 1. Bend shaft to follow curve of nasopharynx.
- 2. Insert swab through nostril to posterior nasopharynx (same distance as from nostrils to external opening of ear).
- 3. Rotate swab a few times to obtain infected
- 4. For an optimal sample, repeat procedure using other nostril.
- 5. Place swab in transport medium.
- 6. Bend or cut shaft to completely seal transport tube.

## TRANSPORT & STORAGE

- Send specimen to lab immediately (testing sensitivity decreases over time).
- Cool specimen to 2° 4°C (36° 40°F) during storage and transport.



THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE

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Retic Count	
Alternate Test Name	Reticulocyte Count
HIS Code / LIS Code	1197, RETIC
Where Performed	AHRO
Transportation/Storage	Performed at hospital where specimen drawn.
Specimen Requirements	EDTA whole blood (4.5 draw or 2.0 draw lavender tube or
	lavender top Microtainer acceptable) Heparinized blood is
	not acceptable
Optimal Volume	1 mL
Minimal Volume	100μL
Storage	24 hours at room temperature
Patient Preparation	None
Reference Ranges	Adult: 0.5 to 1.5
	5 day-old: 0.9 to 1.6
	Newborn: 0.5 to 6.0
Methodology	Automated Instrumentation
Additional Information	

Rheumatoid Factor	
Alternate Test Name	RA screen, RA, RF
HIS Code / LIS Code	RAQNT
Where Performed	RMH
Transportation/Storage	1 Day at Room Temp / 8 Days at 2-8 °C
Specimen Requirements	Heparinized Plasma or Serum
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Patient Preparation	None
Reference Ranges	<15 IU/mL
Methodology	Latex Particle Immunoturbidmetric
Additional Information	

ROM	
Alternate Test Name	Rupture of membranes

HIS Code / LIS Code	ROM
Where Performed	AHRO
Transportation/Storage	Deliver immediately (must test within 30 minutes)
Specimen Requirement	Vaginal swab, transfer to ROM vial, Remove swab after
	one minute
Optimal Volume	1 vial
Minimal Volume	1 vial
Instructions	Sample of amniotic fluid taken by vaginal swab into vial
	of solvent 1 minute.
Reference Ranges	Negative – no ruptured membranes
Methodology	immunochromatography
Set-Up Schedule	STAT

Rubella	
Alternate Test Name	Rubella Screen, German Measles
HIS Code / LIS Code	RUBABG
Where Performed	RMH
Transportation/Storage	8 Hours at Room Temp / 48 Hours at 2-8°C
Specimen Requirements	The preferred sample is a 7.0 ml clot tube
Optimal Volume	3.0 ml serum
Minimal Volume	1.0 ml serum
Patient Preparation	None
Reference Ranges	Immune
Methodology	Enzyme Immunoassay
Additional Information	

Salicylate	
Alternate Test Name	Aspirin, Acetylsalicylic Acid (ASA)

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HIS Code / LIS Code	SALASA
Where Performed	AHRO
Transportation/Storage	24 hours at 2-8°C
Specimen Requirements	Heparinized Plasma or Serum
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Patient Preparation	None
Reference Ranges	10 - 30 mg/dL
Methodology	Homogeneous Enzyme Immunoassay (EMIT)
Additional Information	Note last dose time and date with requisition in the LIS

Sodium (Blood or Urine, Random)	
Alternate Test Name	Na++
HIS Code / LIS Code	Blood: NA
	Urine, Random: UNAR
Where Performed	AHRO
Transportation/Storage	Run immediately in chemistry.
Specimen Requirements	Heparinized Plasma or Serum or Urine, Random
Optimal Volume	1 mL
Minimal Volume	0.25 mL
Storage	5 days at 2-8°C
Patient Preparation	None
Reference Ranges	Blood: 135 - 145 mmol/L
	Urine, Random: No Range
Methodology	Ion Selective Electrode
Additional Information	

Specific Gravity	
Alternate Test Name	Urine or Fluid Specific Gravity

HIS Code / LIS Code	1210, FSPG
Where Performed	AHRO
Transportation/Storage	Test should be run at laboratory receiving sample.
Specimen Requirement	Urine or Fluid
Optimal Volume	10 mL
Minimal Volume	0.5 mL
Patient Preparation	None
Reference Ranges	1.005-1.029
Methodology	Refractometer
Additional Information	Included in Urinanalysis.

	Stool Culture	
Alternate Test Name	Enteric Pathogens	
HIS Code / LIS Code	CSTOOL	
Where Performed	RMH	
Transportation/Storage	Room Temperature	
Specimen Container	Para-Pak (C&S)	
Preferred Specimen	Preserved Stool, do not refrigerate or freeze	
Instructions	Collect fresh stool in clean dry container. Using the collection spoon built into the lid place small scoopfuls of stool in the container. Mix with the spoon. Recap tightly and shake the tube vigorously until the contents are well mixed. For patients requiring the use of diapers, first line the diaper with clean plastic to prevent absorption. Then transfer 2 g or 2 ml of the stool specimen from the plastic lined diaper to the Para-Pak container. <i>Do not submit the diaper itself.</i> Cap securely.	
Reference Range	Stool will be cultured for the presence of Salmonella sp., Shigella sp., Campylobacter sp., Aeromonas, Plesiomonas and Escherichia coli H7:0157. Stool will not be checked for Yersinia enterocolitia or vibrios unless specifically requested. If other organisms are suspected, that fact must be noted under comments so appropriate techniques can be employed	
Methodology	Conventional Culture	
Set-Up Schedule	Processed daily. Preliminary reports within 24 hours	
Additional Information	Fresh stool must be placed in the preservative within one hour of collection.	

Stool for WBC	
Alternate Test Name	Gram stain
HIS Code / LIS Code	1486, STLWBC
Where Performed	FMC/RMH
Transportation/Storage	Specimens must tested immediately
Specimen Requirement	Fresh stool in Sterile Screw Cap Container, only one
	specimen accepted per day
Optimal Volume	5 grams
Minimal Volume	0.5 gram
Storage	None
Patient Preparation	None
Reference Ranges	No WBC's seen
Methodology	Microscopic evaluation of gram stained smear
Additional Information	WBC's rapidly degenerate in stool, evaluation of the stool
	after 2 hours post collection may yield false negative results.