HNL Lab Medicine®

August 2020

LAB-LINK

NEW AND UPDATED LABORATORY TESTING INFORMATION

HNL Lab Medicine®
794 Roble Road
Allentown, PA 18109
United States

TEST NAME / SUBJECT	EFFECTIVE DATE	PAGE

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TEST CHANGES

GENERAL INFORMATION

Please check www.HNL.com/locations daily for Patient Center hours of operation and temporary closures.

FOR THE MOST UP-TO-DATE TEST INFORMATION, VISIT OUR ONLINE HANDBOOK AT HNL.COM.

The American Medical Association (AMA) Current Procedural Terminology (CPT) codes published by HNL Lab Medicine are guidelines and are intended for informational purposes only. CPT coding is the exclusive responsibility of the billing entity. HNL Lab Medicine strongly recommends confirmation of CPT codes with third-party payors and/or the AMA. We assume no responsibility for billing errors due to reliance upon CPT codes provided by HNL Lab Medicine. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for which federal healthcare plan reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually. Physicians who consider reflex testing unnecessary may order an initial test without the reflexed test. Reflex or confirmation tests are performed at an additional charge.

TEST CHANGES

ABO and Rh (D) Type (ABRH)	
Description of Change:	Update to specimen requirements.
Effective Date:	**Immediately**
Includes:	• ABO • Rh (D)
Methodology:	Hemagglutination
Testing Schedule:	Routine daily, STAT testing available
Report Availability:	1-3 days
Specimen Requirements:	Minimum Volume: • 3 mL whole blood Container: • Pink top tube, EDTA Collection: • Specimen must be labeled with 2 independent identifiers (ex: patient name, DOB, MRN) and initials of the person collecting the specimen.
Special Instructions:	• **Non-hospitalized patients:** Submit specimen with a completed Blood Bank Requisition (LAB-04) Form. • This test is performed on all specimens submitted for Type and Antibody Screen and Type and Crossmatch tests.
Reference Range:	• A positive OR A negative • O positive OR O negative • B positive OR B negative • AB positive OR AB negative
Clinical Utility:	Patient type is of significant importance for the practice of transfusion medicine.

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

TEST CHANGES

Type and Antibody Screen (ABRS)	
Description of Change:	Update to specimen requirements.
Effective Date:	**Immediately**
Includes:	ABO Antibody Screen Rh (D) Reflexed when appropriate: • Antibody Identification • Direct Antiglobulin Test • Eluate • Phenotype Antigen Test
Methodology:	Hemagglutination, Column Agglutination
Testing Schedule:	Routine daily, STAT testing available
Report Availability:	1-3 days
Specimen Requirements:	Minimum Volume: • 4 mL whole blood Container: • Pink or purple top tube, K2 EDTA Collection: • Specimen must be labeled with 2 independent identifiers (ex: patient name, DOB, MRN) and initials of the person collecting the specimen.
Special Instructions:	**Non-hospitalized patients:** Submit specimen with a completed Blood Bank Requisition (LAB-04) Form. Transfusion and pregnancy history in the past 3 months should be included.
Reference Range:	**Negative:** No unexpected red cell antibody detected. **Positive:** Presence of a red cell antibody.

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Clinical Utility:	A screen for red cell antibodies is performed and if positive antibody identification procedures are performed to identify antibody specificity and to eliminate the presence of other underlying alloantibodies. The antibody screening test may not detect antibodies to low incidence antigens or antibodies which have undetectable titers by routine techniques. IgG alloantibodies reacting at 37°C and/or in the antiglobulin phase are generally considered clinically significant in transfusion and in hemolytic disease of the newborn (HDN). IgM alloantibodies reacting at room temperature and below are generally considered clinically insignificant in transfusion and in hemolytic disease of the newborn. Weak low titer antibodies or antibodies to low incidence antigens may not be detectable at the time of testing.

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TEST CHANGES

Cold Agglutinin (COLD)	
Description of Change:	Update to specimen requirements.
Effective Date:	**Immediately**
Includes:	Titer of patient's serum against type O blood cells at 1-6°C.
Methodology:	Red Cell Agglutination
Testing Schedule:	Routine, daily
Report Availability:	1-3 days
Specimen Requirements:	Minimum Volume: • 2 ml whole blood Container: • Pink top tube, EDTA Collection: • Specimen must be labeled with 2 independent identifiers (ex: patient name, DOB, MRN) and initials of the person collecting the specimen.
Special Instructions:	• **Non-hospitalized patients:** submit specimen with a completed Blood Bank Requisition (LAB-04) Form. • Maintain specimen at room temperature. • Hemolytic anemia resulting from cold reactive autoagglutinins rarely occurs unless the titer is >1000.
Reference Range:	< 1:64
Clinical Utility:	All healthy individuals contain some cold agglutinin in their serum. In certain disease states (viral infections, atypical pneumonia), the titer rises.

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TEST CHANGES

Direct Coombs Test (DAT)	
Description of Change:	Update to specimen requirements.
Effective Date:	**Immediately**
Includes:	Reflexed when appropriate: • ABO • Antibody Elution • Antibody Screen • Antibody Identification • Phenotype Antigen Test • Rh (D)
Methodology:	Hemagglutination
Testing Schedule:	Routine daily, STAT testing available
Report Availability:	1-3 days
Specimen Requirements:	Minimum Volume: • **Adults**: 1 mL whole blood • **Newborns**: cord blood Container: • Pink top tube, EDTA OR Lavender BD Microtainer™ Collection: • Specimen must be labeled with 2 independent identifiers (ex: patient name, DOB, MRN) and initials of the person collecting the specimen.
Special Instructions:	**Non-hospitalized patients:** submit specimen with a completed Blood Bank Requisition (LAB-04) Form.
Reference Range:	**Negative:** Red cells do not have any bound complement and/or antibody. **Positive:** Suggests the presence of in vivo bound complement and/or antibody.
Clinical Utility:	Positive results may be found in autoimmune hemolytic anemia, acute and delayed hemolytic transfusion reactions, hemolytic disease of the newborn, and may be druginduced or idiopathic in nature.

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TEST CHANGES

Isoagglutinin Titer, Anti-A and/or Anti-B (IAT)

Description of Change:	Update to specimen requirements.
Effective Date:	**Immediately**
Includes:	• ABO • Rh (D) • Titer
Methodology:	Hemagglutination
Testing Schedule:	Routine, daily
Report Availability:	1-3 days
Specimen Requirements:	**Minimum Volume:** • 4 mL whole blood **Container:** • Pink top tube, EDTA **Collection:** • Specimen must be labeled with 2 independent identifiers (ex: patient name, DOB, MRN) and initials of the person collecting the specimen.
Special Instructions:	**Non-hospitalized patients:** Submit specimen with a completed Blood Bank Requisition (LAB-04) Form.
Reference Range:	No agglutination: — Normal agglutination titer not observed. Agglutination: — Normal agglutination, titer observed and reported. Normal adult titer — ≥ 16
Clinical Utility:	The following blood types indicate expected isoagglutinin (anti-A and/or anti-B): • AB: not present • A: anti-B • B: anti-A • O: anti-A, B, ; anti-A: anti-B

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TEST CHANGES

Obstetric Profile PREN with Urinalysis (PN2)	
Description of Change:	Update to specimen requirements.
Effective Date:	**Immediately**
Includes:	ABO/Rh and Antibody Screen (PREN code-ordered separately) CBC with Differential (CBCD) Hepatitis B surface Antigen (HbsAg) Rubella IgG Antibody, Immune Status (RUBG) Urinalysis RPR Reflexed when appropriate: • Hepatitis B Surface Antigen Neutralization • Syphilis Serology • RPR Titer • Antibody Identification • Phenotype Antigen Test • Direct Antiglobulin Test • Antibody Elution • Antibody Titer
Methodology:	See individual test listings.
Testing Schedule:	Routine, daily
Report Availability:	1-3 days
Specimen Requirements:	Containers: • 2 Gold top tubes, serum separator • 1 Lavender top tube, EDTA • 1 Pink top tube, EDTA • 1 plastic urine container Collection: • Pink top tube for type and screen must be labeled with 2 patient identifiers (ex: patient name, DOB, MRN) and initials of the person collecting the specimen.
Reference Range:	See individual test listings.
Critical Values:	See individual test listings.
Clinical Utility:	See individual test listings.

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TEST CHANGES

Obstetric Profile PREN with Urinalysis (PN3)	
Description of Change:	Update to specimen requirements.
Effective Date:	**Immediately**
Includes:	ABO/Rh and Antibody Screen (PREN code-ordered separately) CBC with Differential (CBCD) Hepatitis B surface Antigen (HbsAg) Rubella IgG Antibody, Immune Status (RUBG) Urinalysis (URIN) Glucose (GLUC) Creatinine (CREAT) RPR Reflexed when appropriate: • Hepatitis B Surface Antigen Neutralization • Syphilis serology • RPR Titer • Antibody Identification • Phenotype Antigen Test • Direct Antiglobulin Test • Antibody Elution • Antibody Titer
Methodology:	See individual test listings.
Testing Schedule:	Routine, daily
Report Availability:	1-3 days
Specimen Requirements:	Containers: • 2 Gold top tubes, serum separator • 1 Lavender top tube, EDTA • 1 Pink top tube, EDTA • 1 plastic urine container Collection: • Pink top tube for type and screen must be labeled with 2 patient identifiers (ex: patient name, DOB, MRN) and initials of the person collecting the specimen.
Reference Range:	See individual test listings.
Critical Values:	See individual test listings.
Clinical Utility:	See individual test listings.

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GENERAL INFORMATION

Method and test code change for Chromogranin A

Effective Date: 8/17/2020

The test code for **Chromogranin A** will be changing to **CGA**. The testing kit for this test will also change to the BRAHMS CGA II Kryptor kit on August 17th. Results obtained with different methods or kits cannot be used interchangeably.