HNL Lab Medicine®

FEBRUARY 2021

LAB-LINK

NEW AND UPDATED LABORATORY TESTING INFORMATION

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

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

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.

GENERAL INFORMATION

NEW Service for Healthcare Professionals

INTRODUCING – ONLINE COURIER PICKUP REQUESTS

We know you're busy. As part of our commitment to creating new and more reliable access to lab testing and patient care, **we now offer convenient online scheduling for courier pickups!**

This new online service will allow healthcare professionals to submit a courier request quickly and easily.

REQUESTING AN ONLINE PICKUP IN 3 SIMPLE STEPS:

- Click the "Schedule a Pickup" button at **HNL.Com/courierpickup**
- Enter your client number and specimen details
- Click "Submit" to confirm, and you're ready to schedule your pickup

Once your request is successfully submitted, you will receive an emailed confirmation number, and an HNL Lab Medicine courier will arrive to pick up your specimen(s).

Please be sure to have your specimens properly stored, ready at the time and date requested and in the specified pickup area.

No more phone calls or waiting on hold to speak with the right person. Online pickup is simple to use and available anytime to fit into your workflow and help you streamline operations.

- Schedule a request electronically—no need to wait for a representative during peak call time
- Receive confirmation that the pickup is successfully scheduled
- Accessible from your PC, tablet, or smartphone

ONLINE COURIER PICKUP REQUESTS ARE AVAILABLE:

- Monday thru Friday, 6 a.m.-7 p.m., and
- Saturday thru Sunday, 8 a.m.-4 p.m.

For courier pickup requests outside of these hours, please contact a Customer Care Representative at 1-877-402-4221.

An active account with HNL Lab Medicine is required for this service.

If you have questions regarding your services or would like to make additional updates, **please contact your account representative or our Customer Care Team at 1-877-402-4221.**

TEST UPDATE

ABO and Rh (D) Type (ABRH)	
DESCRIPTION OF CHANGE:	The reflex test list for this test has been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	• ABO • Rh (D) Reflexed when appropriate: • RHD Molecular
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 UPDATE

Type and Antibody Screen (ABRS)	
DESCRIPTION OF CHANGE:	The reflex test list for this test has been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	• ABO • Rh (D) Reflexed when appropriate: • Antibody Identification • Direct Antiglobulin Test (DAT) • Red Cell Antigen Test (Phenotype) • Eluate • Adsorption • IgG/IgM Subclass • Antibody Titer • RHD Molecular • Human Erythrocyte Antigen (HEA) Molecular
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.
CLINICAL UTILITY:	• A screen for red cell antibodies is performed. 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 hemolytic disease of the newborn (HDN). • IgM alloantibodies reacting at room temperature and below are generally considered clinically insignificant in transfusion and hemolytic disease of the newborn (HDN). • Weak low titer antibodies or antibodies to low incidence antigens may not be detectable at the time of testing.

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 UPDATE

Antibody Titer, Red Blood Cells (ANT)	
DESCRIPTION OF CHANGE:	The reflex test list for this test has been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	• Antibody Titer Reflexed when appropriate: • ABO • Rh(D) • Antibody Screen • Antibody Identification • Red Cell Antigen Test (Phenotype) • Direct Antiglobulin Test (DAT) • RHD Molecular • Human Erythrocyte Antigen (HEA) Molecular
METHODOLOGY:	See individual test listings
TESTING SCHEDULE:	Routine, Monday-Friday
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	Minimum Volume: • 4 mL whole blood Container: • Pink top tube, EDTA
SPECIAL INSTRUCTIONS:	• Non-hospitalized patients: Submit specimen with a completed Blood Bank Requisition (LAB-04) Form. • This test is primarily used for prenatal testing. It is a semiquantitative technique used to estimate the strengths of an antibody. • All clinically significant alloantibodies known to cause hemolytic disease of the newborn should be titered. • An initial Antibody Titer will be performed for all clinically significant antibodies having reactivity 1+ or greater detected in the Type and Antibody Screen test for prenatal testing. • Subsequent titers should be requested by the physician. • An anti-K titer >8 is considered significant. • A titer >32 for all other alloantibodies is considered significant.
REFERENCE RANGE:	Results are expressed as the reciprocal of highest serum dilution that causes macroscopic agglutination. A titer is reported as 32, not 1:32. In comparative studies, a difference in titer of at least three dilutions can be considered a significant difference.
CLINICAL UTILITY:	Results of a titration are used to determine whether and when to initiate other means of fetal monitoring.

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 UPDATE

Blood bank Antibody Reference Testing (BBAB)	
DESCRIPTION OF CHANGE:	The reflex test list for this test has been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	Antibody Reference Testing
METHODOLOGY:	Varies with test
TESTING SCHEDULE:	Varies
REPORT AVAILABILITY:	Varies
SPECIMEN REQUIREMENTS:	Minimum Volume: • 3 full Pink top tubes, EDTA, AND • 2 full Red top tubes, no serum separator Container: • 3 full Pink top tubes, EDTA, AND • 2 full Red top tubes, no serum separator
SPECIAL INSTRUCTIONS:	Specimen must be labeled with 2 independent identifiers (ex: patient name, DOB, MRN), and initials of the person collecting the specimen.
CLINICAL UTILITY:	Used to acquire extra specimen for further antibody work-up.

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 UPDATE

Hold Specimen, Blood Bank (BBHLD)	
DESCRIPTION OF CHANGE:	The specimen requirements for this test have been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	• NOTE: Specimen available for a possible Type and Antibody Screen or Type and Crossmatch. • The specimen will be on hold in the blood bank for a period of 2 weeks. • Transfused patients or those pregnant in the preceding 3 months will need a specimen collected within 3 days of an anticipated blood transfusion. • Testing will not be performed unless it is specifically requested.
TESTING SCHEDULE:	• Routine, daily • Blood Product Availability: 1-4 hours if testing requested.
REPORT AVAILABILITY:	1 day
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:	Submit specimen with a completed Blood Bank Requisition (LAB-04) Form.

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 UPDATE

Cold Agglutinin (COLD)	
DESCRIPTION OF CHANGE:	The reflex test list and specimen requirements for this test have been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	• Titer of patient's serum against type O blood cells at 1-6°C. Reflexed when appropriate: • ABO • Rh(D) • Antibody Identification • Direct Antiglobulin Test (DAT) • Eluate • Adsorption • RHD Molecular • Human Erythrocyte Antigen (HEA) Molecular
METHODOLOGY:	Red Cell Agglutination
TESTING SCHEDULE:	Routine, daily
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	Minimum Volume: • 2 ml whole blood. Specimen should NOT be refrigerated. 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.

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 UPDATE

Direct Coombs Test (DAT)	
DESCRIPTION OF CHANGE:	The reflex test list and specimen collection requirements for this test have been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	Reflexed when appropriate: • ABO • Rh(D) • Antibody Screen • Antibody Identification • Eluate • Adsorption • Red Cell Antigen Test (Phenotype) • RHD Molecular • Human Erythrocyte Antigen (HEA) Molecular
METHODOLOGY:	Hemagglutination
TESTING SCHEDULE:	Routine daily, STAT testing available
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	Minimum Volume: • Adults: 4 mL whole blood • Newborns: heel stick 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 drug-induced or idiopathic in nature.

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 UPDATE

Obstetric Panel (PN1)	
DESCRIPTION OF CHANGE:	The reflex test list for this test has been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	• ABO/Rh and Antibody Screen (PREN code-ordered separately) • CBC with Automated Differential (CBCD) • Hepatitis B Surface Antigen (HbsAg) • Rubella IgG Antibody, Immune Status (RUBG) • RPR Reflexed when appropriate: • Hepatitis B Surface Antigen Neutralization • Syphilis Serology • RPR Titer • Antibody Identification • Red Cell Antigen Test (Phenotype) • Direct Antiglobulin Test • Antibody Elution • Antibody Titer • Adsorption • IgG/IgM Subclass • RHD Molecular • Human Erythrocyte Antigen (HEA) Molecular
METHODOLOGY:	See individual test listings.
TESTING SCHEDULE:	Routine, daily
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	Container: • 2 Gold top tubes, serum separator, AND • 1 lavender top tube, EDTA, AND • 1 pink top tube, EDTA
SPECIAL INSTRUCTIONS:	• Submit specimen with a completed Blood Bank Requisition (LAB-04) Form. • This test should be performed on all pregnant women as early in pregnancy as possible. • For all clinically significant antibodies having reactivity greater or equal to 1+, an initial antibody titer will be performed. Subsequent titers should be requested by the physician. • Rh (D) positive women should have a repeat Prenatal Testing performed when there is a history of clinically significant red cell antibodies, previous blood transfusions, or trauma to the abdomen. • Rh (D) negative women should have a repeat Prenatal Testing performed at 28-30 weeks gestation prior to Rh (D) Immune Globulin (RhIG) administration and when other indications exist (see Rh (D) Immune Globulin for additional information) • Request an Obstetric Profile, Repeat Blood Bank Only if required.
REFERENCE RANGE:	See individual test listings.
CRITICAL VALUES:	See individual test listings.
CLINICAL UTILITY:	See individual test listings.

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 UPDATE

Obstetric Profile PREN with Urinalysis (PN2)	
DESCRIPTION OF CHANGE:	The reflex test list for this test has been updated.
EFFECTIVE DATE:	**2/1/2021**
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) • RPR Reflexed when appropriate: • Hepatitis B Surface Antigen Neutralization • Syphilis Serology • RPR Titer • Antibody Identification • Red Cell Antigen Test (Phenotype) • Direct Antiglobulin Test • Antibody Elution • Antibody Titer • Adsorption • IgG/IgM Subclass • RHD Molecular • Human Erythrocyte Antigen (HEA) Molecular
METHODOLOGY:	See individual test listings.
TESTING SCHEDULE:	Routine, daily
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	Container: • 2 Gold top tubes, serum separator, AND • 1 lavender top tube, EDTA, AND • 1 pink top tube, EDTA, AND • 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.

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 UPDATE

Obstetric Profile PREN with Urinalysis (PN3)	
DESCRIPTION OF CHANGE:	The reflex test list for this test has been updated.
EFFECTIVE DATE:	**2/1/2021**
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) • Creatinine (CREAT) • RPR Reflexed when appropriate: • Hepatitis B Surface Antigen Neutralization • Syphilis Serology • RPR Titer • Antibody Identification • Red Cell Antigen Test (Phenotype) • Direct Antiglobulin Test • Antibody Elution • Antibody Titer • Adsorption • IgG/IgM Subclass • RHD Molecular • Human Erythrocyte Antigen (HEA) Molecular
METHODOLOGY:	See individual test listings.
TESTING SCHEDULE:	Routine, daily
REPORT AVAILABILITY:	1-3 days
SPECIMEN REQUIREMENTS:	Container: • 2 Gold top tubes, serum separator, AND • 1 lavender top tube, EDTA, AND • 1 pink top tube, EDTA, AND • 1 plastic urine container Collection: • Specimens for Blood Bank testing must be submitted with 2 independent identifiers (ex: patient name, DOB, MRN) and initials of the person collecting the specimen.
SPECIAL INSTRUCTIONS:	Submit specimens for Blood Bank testing with a completed Blood Bank Requisition (LAB-04) Form
REFERENCE RANGE:	See individual test listings.
CRITICAL VALUES:	See individual test listings.
CLINICAL UTILITY:	See individual test listings.

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 UPDATE

Transfusion Reaction Work-up (TRXN)	
DESCRIPTION OF CHANGE:	The reflex test list and specimen collection requirements for this test have been updated.
EFFECTIVE DATE:	**2/1/2021**
INCLUDES:	• ABO (Pre and Post)CBC with Differential (CBCD) • Rh (D) (Pre and Post) • Direct Antiglobulin Test (Pre and Post) • Examination of plasma • Clerical check • Interpretation Reflexed when appropriate: • Antibody Identification • Red Cell Antigen Test (Phenotype) • Antibody Elution • Adsorption • RHD Molecular • Human Erythrocyte Antigen (HEA) Molecular
ALTERNATIVE NAME(S):	• Blood Reaction • Febrile Transfusion Reaction • Hemolytic Reaction to Transfusion • Reaction, Blood • Reaction Work-up • Transfusion Reaction, Febrile • Transfusion Review
METHODOLOGY:	See individual test listings.
TESTING SCHEDULE:	Immediate Post Reaction
REPORT AVAILABILITY:	Preliminary report, 1 hour
SPECIMEN REQUIREMENTS:	Minimum Volume: • 4 mL whole blood, AND • 1 mL urine Container: • 1 Pink top tube, EDTA, AND • 1 plastic urine container Collection: • Specimen must be labeled with 2 independent identifiers (ex: patient name, DOB, MRN) and initials of person collecting the specimen.
SPECIAL INSTRUCTIONS:	Submit specimen AND blood unit with attached IV tubing (remove needles) with a Complete Report of Alleged Transfusion Reaction (HNL-51) Form. See additional instructions on Complete Report of Alleged Transfusion Reaction (HNL-51) Form.
REFERENCE RANGE:	Medical Director interpretation
CLINICAL UTILITY:	• ABO and Rh (D) type of pre- and post-transfusion specimens is performed. • Examination of all clerical work for possible error; examination of pre-reaction and post-reaction serum or plasma for hemolysis andicterus. • Direct Antiglobulin Test on post-reaction specimen is included.

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 UPDATE

Sedimentation Rate, Whole Blood (SR)

DESCRIPTION OF CHANGE:	• The methodology for this test at HNL Lab Medicine - Pocono, Muhlenberg, and 17th Street have been updated. • The reference interval at HNL Lab Medicine - Pocono has been updated.
EFFECTIVE DATE:	**2/3/2021**
METHODOLOGY:	Photometrical Rheoscope
TESTING SCHEDULE:	Routine daily, STAT testing available
REPORT AVAILABILITY:	1 day
SPECIMEN REQUIREMENTS:	Minimum Volume: • 2 mL whole blood Container: • Lavender top tube, EDTA
REFERENCE RANGE:	**MALE** <2 WEEKS: 0 - 2 mm/hour 2 WEEKS-12 YEARS: 3 - 13 mm/hour 13 - 50 YEARS: 0 - 15 mm/hour ≥ 51 YEARS: 0 - 20 mm/hour **FEMALE** < 2 WEEKS: 0 - 2 mm/hour 2 WEEKS - 12 YEARS: 3 - 13 mm/hour 13 - 50 YEARS: 0 - 20 mm/hour **≥ 51 YEARS:** 0 - 30 mm/hour
CLINICAL UTILITY:	Used as a nonspecific marker of inflammation.

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.