



June 2020

LAB-LINK

NEW AND UPDATED
LABORATORY TESTING INFORMATION

TABLE OF CONTENTS.....	PAGE 2
TEST CHANGES	PAGE 3-6
GENERAL INFO	PAGE 7-9

TEST CHANGES

CBC w Automated Differential (CBCD)	6/10/20	3-4
Sedimentation Rate, Whole Blood (SR)	6/8/20	5
Serotonin, Serum (SEROS)	Immediately	6

GENERAL INFORMATION

Supply Ordering Methods	Immediately	7-8
HNL Brand Refresh	Immediately	9

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

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

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

CBC with Automated Differential (CBCD)

Description of Change:	Differential reference ranges will be reported for absolute values only and not for percent values. The differential absolute values have been updated.
Effective Date:	6/10/2020
Methodology:	Automated Analyzer
Testing Schedule:	Routine daily, STAT testing available
Report Availability:	1 day
Specimen Requirements:	<p>Minimum Volume:</p> <ul style="list-style-type: none"> • 1.5 mL whole blood OR • 300-500 µL in BD Microtainer™ tube <p>Container:</p> <ul style="list-style-type: none"> • Lavender top tube, EDTA
Special Instructions:	If deemed necessary by set laboratory criteria, a manual differential may be performed, and/or hematopathologist review may be performed.
Reference Range:	See table on page 4 for updated reference ranges.
Critical Values:	<p>See individual test listings for WBC, Hemoglobin and Platelet Count.</p> <p>Differential:</p> <ul style="list-style-type: none"> • Absolute neutrophil count >0.5 • Elevated band counts >25% • Presence of >3.0 immature (blast) cells (1st time only) Hematopathologist review to follow. • Microorganisms (Intracellular or Extracellular) present on peripheral blood smear.
Clinical Utility:	Used in the evaluation of infection, anemia and other hematological disorders.

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

Reference Ranges:

	MALE			FEMALE		
ANALYTE	AGE	HNL	HNL	AGE	HNL	HNL
ABS NEUTROPHIL THOU/CMM	0-<15 DAYS	1.6	6.1	0-<15 DAYS	1.7	6.8
	15-30 DAYS	1.2	5.5	15-30 DAYS	1.2	4.8
	31 DAYS-<2 MONTHS	0.8	4.2	31 DAYS-<2 MONTHS	1.0	4.7
	2-<6 MONTHS	1.0	5.5	2-<6 MONTHS	1.0	7.2
	6 MONTHS-<2 YEAR	1.2	7.2	6 MONTHS-<2 YEAR	1.3	7.2
	2-<3 YEARS	1.5	7.9	2-<3 YEARS	1.6	8.3
	3-<6 YEARS	1.6	7.8	3-<6 YEARS	1.6	7.8
	6-<17 YEARS	1.4	6.1	6-<17 YEARS	1.5	6.5
	17-<18 YEARS	1.8	7.2	17-<18 YEARS	2.0	7.4
≥18 YEARS	1.8	7.8	≥18 YEARS	1.8	7.8	
	MALE			FEMALE		
ANALYTE	AGE	HNL	HNL	AGE	HNL	HNL
ABS LYMPHOCYTE THOU/CMM	0-<15 DAYS	2.1	7.5	0-<15 DAYS	1.8	8.0
	15-30 DAYS	2.1	8.4	15-30 DAYS	2.4	8.2
	31 DAYS-<2 MONTHS	2.5	8.0	31 DAYS-<2 MONTHS	2.3	9.1
	2-<6 MONTHS	2.5	8.9	2-<6 MONTHS	2.1	9.0
	6 MONTHS-<2 YEAR	1.6	7.8	6 MONTHS-<2 YEAR	1.5	8.1
	2-<3 YEARS	1.1	5.5	2-<3 YEARS	1.3	5.8
	3-<6 YEARS	1.6	5.3	3-<6 YEARS	1.6	5.3
	6-<12 YEARS	1.4	3.9	6-<12 YEARS	1.4	3.9
	12-<18 YEARS	1.0	3.2	12-<18 YEARS	1.0	3.2
≥18 YEARS	1.0	3.0	≥18 YEARS	1.0	3.0	
	MALE			FEMALE		
ANALYTE	AGE	HNL	HNL	AGE	HNL	HNL
ABS MONOCYTE THOU/CMM	0-<15 DAYS	0.5	1.8	0-<15 DAYS	0.6	1.7
	15-30 DAYS	0.3	1.4	15-30 DAYS	0.4	1.2
	31 DAYS-<2 MONTHS	0.3	1.1	31 DAYS-<2 MONTHS	0.3	1.2
	2-<6 MONTHS	0.3	1.1	2-<6 MONTHS	0.2	1.2
	6 MONTHS-<2 YEARS	0.3	1.2	6 MONTHS-<2 YEARS	0.3	1.1
	2-<3 YEARS	0.2	0.9	2-<3 YEARS	0.2	0.9
	3-<6 YEARS	0.3	0.9	3-<6 YEARS	0.3	0.9
	6-<18 YEARS	0.2	0.8	6-<18 YEARS	0.2	0.8
	≥18 YEARS	0.3	1.0	≥18 YEARS	0.3	1.0
	MALE			FEMALE		
ANALYTE	AGE	HNL	HNL	AGE	HNL	HNL
ABS EOSINOPHIL THOU/CMM	0-<15 DAYS	0.1	0.7	0-<15 DAYS	0.1	0.6
	15-30 DAYS	0.1	0.8	15-30 DAYS	0.1	0.8
	31 DAYS-<2 MONTHS	0.1	0.6	31 DAYS-<2 MONTHS	0.0	0.6
	2-<6 MONTHS	0.0	0.6	2-<6 MONTHS	0.0	0.7
	0.5-<2 YEARS	0.0	0.8	0.5-<2 YEARS	0.0	0.6
	2-<12 YEARS	0.0	0.5	2-<12 YEARS	0.0	0.5
	12-<18 YEARS	0.1	0.2	12-<18 YEARS	0.1	0.2
	≥18 YEARS	0.0	0.5	≥18 YEARS	0.0	0.5
	MALE			FEMALE		
ANALYTE	AGE	HNL	HNL	AGE	HNL	HNL
ABS BASOPHIL THOU/CMM	≥0 DAYS	0.0	0.1	≥0 DAYS	0.0	0.1

TEST CHANGES

Sedimentation Rate, Whole Blood (SR)

Description of Change:	Reference range updated due to new methodology for Sed Rate at LVH-Schuykill site.																				
Effective Date:	6/8/2020																				
Methodology:	Photometrical Rheoscope																				
Testing Schedule:	Routine daily, STAT testing available																				
Report Availability:	1 day																				
Specimen Requirements:	<p>Minimum Volume:</p> <ul style="list-style-type: none"> • 2 mL whole blood <p>Container:</p> <ul style="list-style-type: none"> • Lavender top tube, EDTA 																				
Reference Range:	<table border="1"> <thead> <tr> <th colspan="2">MALE</th> </tr> </thead> <tbody> <tr> <td><2 WEEKS:</td> <td>0 - 2 MM/HOUR</td> </tr> <tr> <td>2 WEEKS-12 YEARS:</td> <td>3 - 13 MM/HOUR</td> </tr> <tr> <td>13 - 50 YEARS:</td> <td>0 - 15 MM/HOUR</td> </tr> <tr> <td>≥ 51 YEARS:</td> <td>0 - 20 MM/HOUR</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">FEMALE</th> </tr> </thead> <tbody> <tr> <td>< 2 WEEKS:</td> <td>0 - 2 MM/HOUR</td> </tr> <tr> <td>2 WEEKS - 12 YEARS:</td> <td>3 - 13 MM/HOUR</td> </tr> <tr> <td>13 - 50 YEARS:</td> <td>0 - 20 MM/HOUR</td> </tr> <tr> <td>≥ 51 YEARS:</td> <td>0 - 30 MM/HOUR</td> </tr> </tbody> </table> <p>ACL-S</p> <ul style="list-style-type: none"> • Male: 1-10 mm/hr • Female: 1-20 mm/hr 	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
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.

TEST CHANGES

Serotonin, Serum (SEROS)	
Description of Change:	Change in specimen requirements and patient preparation.
Effective Date:	Immediately
Methodology:	Quantitative High Performance Liquid Chromatography
Testing Schedule:	Sunday, Tuesday, Wednesday, Thursday, and Friday
Report Availability:	3-7 days
Specimen Requirements:	<p>Minimum Volume:</p> <ul style="list-style-type: none"> • 1 ml <p>Container:</p> <ul style="list-style-type: none"> • Gold top tube, serum separator <p>Collection:</p> <ul style="list-style-type: none"> • Upon the advice of the physician, patients should abstain from medications for 72 hours prior to collection.
Special Instructions:	<p>Centrifuge within 1 hour of collection, transfer serum to amber aliquot tube or wrap clear aliquot tube in foil to protect from light and freeze immediately.</p> <p>Separate specimens must be submitted for multiple tests.</p>
Reference Range:	50-220 ng/mL
Clinical Utility:	<p>Preferred serotonin test when diagnosing carcinoid tumors is serotonin, whole blood.</p> <p>Useful in conjunction with, or as an alternative to, 5-HIAA or serum chromogranin A measurements as a first-line test in the diagnosis of carcinoid syndrome. This includes the differential diagnosis of isolated symptoms suggestive of carcinoid syndrome, in particular flushing.</p> <p>Also useful as a second-line test (5-HIAA or serum chromogranin A measurement are first-line tests) in the follow-up of patients with known or treated carcinoid tumors.</p>

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.

GENERAL INFORMATION

Supply Ordering Methods

Below are three "Best, Better, and Okay" methods to order supplies from HNL Lab Medicine.

1 BEST

Online Ordering

- Accessible through the HPP portal <https://bit.ly/HNLHPP>
- **BENEFIT** – Easily order a variety of supplies online, at your convenience.
- Orders are typically fulfilled within 3-business days and placed for delivery with the next scheduled courier run.

•••• **Billable Toxicology collection items must be sent via a signed paper order form** ••••
Fax to 484-425-5121 or scan and email to ClientSuppliesDL@healthnetworklabs.com

2 BETTER

Call Customer Care

- Clients may call customer care and place orders over the phone by calling 877-402-4221.
- Orders are typically fulfilled within 3-business days and placed for delivery with the next scheduled courier run.

•••• **Billable Toxicology collection items must be sent via a signed paper order form** ••••
Fax to 484-425-5121 or scan and email to ClientSuppliesDL@healthnetworklabs.com

3 OKAY

Faxed Order Forms

- PLEASE NOTE: This method adds at least 1 business day onto the expected fulfillment TAT.
- Clients may fax or email attached "Supply Request Form" to Materials Management.
Fax: 484-425-5121 / Email: ClientSuppliesDL@healthnetworklabs.com
- Please allow at least 24-hours for HNL Lab Medicine to receive the faxed after it is submitted.
- Once received, orders are typically fulfilled within 3-business days and placed for delivery with the next scheduled courier run.

•••• **Billable Toxicology collection items must be sent via a signed paper order form** ••••
Fax to 484-425-5121 or scan and email to ClientSuppliesDL@healthnetworklabs.com

Attached is the current Supply Request Form.
This should be the method of last resort for client supply orders.



Same Lab, New Look.



Date: _____ Client#(Required): _____

Acct. Name _____

Address: _____

Submitted by: _____ Phone# _____

SUPPLY REQUEST FORM

Health Network Laboratories (HNL Lab Medicine) will provide specimen collection supplies only for testing performed at our Laboratory. All supplies will be provided in compliance with Stark Law regulations.

<u>Requisition Slips/Forms</u>	<u>Quantity</u>
HNL-02 General Laboratory W/Labels	Each _____
HNL-03 Custom Requisition	Each _____
HNL-05 Hematopathology Requisition	Each _____
HNL-10 Lab Req (Short)w/Physician Order	Each _____
HNL-18 Medicare Advanced Benefit Notice	Each _____
HNL-30 Cytology Requisition(GYN)	Each _____
HNL-31 Tissue Pathology Requisition	Each _____
HNL-32 Cytology (Non-GYN) Requisition	Each _____
HNL-53 Drug Testing Requisition	Each _____
HNL Patient Report Paper.....	Each _____
HNL Fast Order Paper.....	Each _____
ARUP - Maternal Screen Demographic.....	Each _____

<u>Cytology Supplies</u>	<u>Quantity</u>
Cytolyt Conical Vials (Non-GYN fluids)	Each _____
Alcohol Conical Vials (Non-GYN fluids)	Each _____
Slide Superfrost +25x75MM (FNA Clients Only)	Each _____
Slide Holders - Plastic, 5 slides (FNA Clients Only)	Each _____
ThinPrep Brooms (Purple)	Bag/25 _____
ThinPrep Vials	Each _____ Flat/25 _____
ThinPrep-Spatula & Brush Sets	Bag/25 _____

<u>Pathology Supplies (Prefilled Formalin)</u>	<u>Quantity</u>
Formalin 10 mL Container	Each _____ Box/96 _____
Formalin 30 mL Container	Each _____ Box/96 _____

<u>Urinalysis Collection Supplies</u>	<u>Quantity</u>
24 Hr Urine Ctr Kit w/Bag (B350).....	Each _____
C&S Tfr Kit -Gray Urine Tube/Straw (BD364953).....	Each _____ Bx _____
Drug Screening Collection Kit (40005)	Each _____
UA Kit -Yellow/Red/Straw w/Presv (BD364943)	Each _____
UA Only Kit -Yellow Tube/Blue Cup (BD364981).....	Each _____ Bx _____
UA Tfr Kit -Yellow Tube / Gray Straw (BD364991)	Each _____
UA Tube -Yellow (BD364980)	Each _____
UA Tube -Yellow/Red with Presv (BD364992)	Each _____
UA/Culture Kit -Grey/Yellow/Blue Cup (BD364956).....	Each _____ Bx _____

<u>^Blood Collection Tubes</u>	<u>Quantity</u>
Dark Green (LiHep) 4 mL	Each _____ Flat/100 _____
Dark Green (NA Hep) 10 mL	Each _____
Gold (SST) 4 mL	Each _____ Flat/100 _____
Gray 6 mL	Each _____
Lavender 3 mL	Each _____ Flat/100 _____
Light Blue 2.7 mL	Each _____ Flat/100 _____
Light Green 4.5 mL (PST Lith Hep)	Each _____
Pearl White PPT (K2 EDTA) - 5 mL	Each _____
Pediatric- Dark Green (NA HEP) - 4 mL	Each _____
Pediatric- Gray 2 mL	Each _____
Pediatric- Red 4 mL	Each _____ Flat/100 _____
Pink 6mL (Blood Bank Use Only)	Each _____
PTHRP Protease Inhibitor (refrigerated)	Each _____
Quantiferon TB Gold Plus Tests Kits (4 - Tube) ...	Each _____
Quantiferon Single-Tube-Green Lith Hep 6.0ML ..	Each _____
Red 10 mL	Each _____ Flat/100 _____
Royal Blue (Red Label W/Metal Free Aliquot)	Each _____
Royal Blue (Lavender Label)	Each _____
Tan (Lead Only) 3.0ml	Each _____
Yellow (ACD - Solution A) 8.5 ml.....	Each _____

<u>Transport Media</u>	<u>Quantity</u>
Affirm VPIII Transport Kit	Each _____ Bx _____
BD Max UVE Specimen Collection Kit	Each _____
Blood Culture Bottle, BLUE (Aerobic)+ Holder ...	Each _____
Blood Culture Bottle, PURPLE (Anaerobic)	Each _____
Culture ESwab- White	Each _____
**** This product replaces the Red and Blue Culture Swab	
Fetal Fibronectin Kits	Each _____
GC/Chlamydia Amplified Probe Swab - Purple ..	Each _____
GC/Chlamydia Amplified Probe Urine - Yellow ...	Each _____
M5 Myco/Ureaplasma Kit (Refrigerated)	Each _____
**Micro Plates - Chocolate Agar	Each _____
**Micro Plates - Blood Agar	Each _____
**Micro Plates - Sabouraud Dextrose	Each _____
Occult Blood - Fit-Chek (Immunoassay)	Each _____
..... w/ HNL-06 FOB Req. form	Each _____
Oral Fluid Kit/Swab (Drug)	Each _____
RPMI Media (Refrigerated) Tissue/Fluid	Each _____
Sterile Container / C Difficile.....	Each _____
Stool - C & S Container	Each _____
Stool - O & P Container	Each _____
COVID-ARUP Collection Kit (NP Swab w/UTM) ..	Each _____
COVID-HNL- Collection Kit (NP Swab w/UTM) ...	Each _____
NON-COVID-Viral Culture Kit (OP Swab+UTM) ..	Each _____

<u>^Blood Collection Supplies</u>	<u>Quantity</u>
Needle-Eclipse- 21G-Green-Straight.....	Each _____ Bx/48 _____
Needle-Eclipse- 22G-Black-Straight.....	Each _____ Bx/48 _____
Needle-Safety-Lok-21G-Green-Butterfly....	Each _____ Bx/50 _____
Needle-Safety-Lok-23G-Blue-Butterfly	Each _____ Bx/50 _____
Holders Disposable (Vacutainer)	Each _____ Bag/250 _____
Tourniquets	Roll/25 _____

<u>Miscellaneous Supplies</u>	<u>Quantity</u>
**Centrifuge	Each _____
Specimen Box (Floor)	Each _____
Specimen Key (All Sizes)	Each _____

<u>Specimen Bags</u>	<u>Quantity</u>
Specimen Bag - 6X9	Packs _____
Specimen Bag - 6X9 - Stat	Packs _____
Specimen Bag - 6x9 - Blue (COC)	Packs _____
Specimen Bag - 8X10	Packs _____
Specimen Bag - 13X20	Packs _____
THERAPAK Thermal Specimen Insulator	Each _____

Other Supplies (Subject to Approval)

FAX COMPLETED ORDER FORM TO: 484-425-5121

SCAN AND EMAIL TO: ClientSuppliesDL@hnl.com

Customer Svc.: Tech # _____ Time: _____ Date: _____

Health Network Laboratories - Revised: 05-06-2020

**** Indicates Additional Approval Required / ^ Blood Drawing Clients ONLY - Must Contact your Sales Representative

GENERAL INFORMATION

Same Lab. New Look.

Health Network Laboratories is becoming HNL Lab Medicine!



Everything you have come to expect from us will stay the same with a promise of more services to come! There are no changes to our insurance plan participation.

Why the Change?

Our new brand, HNL Lab Medicine, is evolving to expand our services while investing in new technologies that will improve quality, provide faster turn-around-times and easy to interpret reports.

Over the coming weeks, your patients will see our new logo on our patient centers, courier vehicles, our new website, and social media sites.