



Health Network
LABORATORIES®



OCTOBER 2019

LAB-LINK

NEW AND UPDATED LABORATORY TESTING INFORMATION

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TEST CHANGES

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NEW TEST

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GENERAL INFORMATION

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

CPT (Current & Procedural Terminology) is a trademark of the AMA. Codes listed are guidelines and are for informational purposes only. Coding questions should be directed to the third-party payor and/or the AMA. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for high Medicare reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually at an additional charge. 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

Reticulocyte Count, Whole Blood (RETC)

| | |
|------------------------|---|
| Description of Change: | Reticulocyte order was updated to include percent and absolute reticulocyte. Percent reticulocyte reference ranges have also been updated. |
| Effective Date: | IMMEDIATELY |
| Includes: | <ul style="list-style-type: none"> • Percent Reticulocyte • Absolute Reticulocyte UPDATED |
| Methodology: | Automated Analyzer |
| Testing Schedule: | Routine daily, STAT testing available |
| Report Availability: | 1 day |
| Specimen Requirements: | <u>Minimum Volume:</u> 1.5 mL whole blood OR 300-500 µL in BD Microtainer™ tube <u>Container:</u> Lavender top tube, EDTA |
| Reference Range: | See updates in attached "Table A" |
| Clinical Utility: | Used in the evaluation of anemia and hemorrhage; also as an indicator of erythropoietic activity. |

For additional information, please contact: **HNL Automation at 877-402-4221.**

Reticulocyte Count, Whole Blood (RETC) Reference Range Updates

TABLE A.

| MALE | | | | FEMALE | | |
|-----------|--------------|-------|-------|--------------|-------|-------|
| ANALYTE | AGE | LOWER | UPPER | AGE | LOWER | UPPER |
| RETC % | 0-3 DAYS | 3.47 | 5.40 | 0-3 DAYS | 3.47 | 5.40 |
| | 4-30 DAYS | 1.06 | 2.37 | 4-30 DAYS | 1.06 | 2.37 |
| | 31-<60 DAYS | 2.12 | 3.47 | 31-<60 DAYS | 2.12 | 3.47 |
| | 61-180 DAYS | 1.55 | 2.70 | 61-180 DAYS | 1.55 | 2.70 |
| | 0.5-<2 YEARS | 0.99 | 1.82 | 0.5-<2 YEARS | 0.99 | 1.82 |
| | 2-<6 YEARS | 0.82 | 1.45 | 2-<6 YEARS | 0.82 | 1.45 |
| | 6-<12 YEARS | 0.98 | 1.94 | 6-<12 YEARS | 0.98 | 1.94 |
| | 12-<18 YEARS | 0.90 | 1.49 | 12-<18 YEARS | 0.90 | 1.49 |
| | ≥18 YEARS | 0.42 | 2.23 | ≥18 YEARS | 0.51 | 2.17 |

| MALE | | | | FEMALE | | |
|-----------------------|--------------|--------|--------|--------------|--------|--------|
| ANALYTE | AGE | LOWER | UPPER | AGE | LOWER | UPPER |
| ABS RETIC MILL/CMM | 0-3 DAYS | 0.1475 | 0.2164 | 0-3 DAYS | 0.1475 | 0.2164 |
| | 4-30 DAYS | 0.0513 | 0.1104 | 4-30 DAYS | 0.0513 | 0.1104 |
| | 31-<60 DAYS | 0.0518 | 0.0779 | 31-<60 DAYS | 0.0518 | 0.0779 |
| | 61-180 DAYS | 0.0482 | 0.0882 | 61-180 DAYS | 0.0482 | 0.0882 |
| | 0.5-<2 YEARS | 0.0435 | 0.1111 | 0.5-<2 YEARS | 0.0435 | 0.1111 |
| | 2-<6 YEARS | 0.0364 | 0.0680 | 2-<6 YEARS | 0.0364 | 0.0680 |
| | 6-<12 YEARS | 0.0424 | 0.0702 | 6-<12 YEARS | 0.0424 | 0.0702 |
| | 12-<18 YEARS | 0.0416 | 0.0651 | 12-<18 YEARS | 0.0416 | 0.0651 |
| | ≥18 YEARS | 0.0188 | 0.1086 | ≥18 YEARS | 0.0230 | 0.0935 |

TEST CHANGES

NEONATAL TEST CODES

The following neonatal test codes have been **INACTIVATED**.

| OLD TEST CODE | NEW / ALTERNATE TEST CODE |
|---|--------------------------------------|
| NBIL (BILIRUBIN, TOTAL NEONATAL) | TBIL (BILIRUBIN, TOTAL) |
| NDBL (BILIRUBIN, DIRECT NEONATAL) | DBIL (BILIRUBIN, DIRECT) |
| NCPMP (COMPREHENSIVE METABOLIC PANEL, NEONATAL) | CPMP (COMPREHENSIVE METABOLIC PANEL) |
| NLFP (LIVER FUNCTION PANEL, NEONATAL) | LFP (LIVER FUNCTION PANEL) |
| ** No change to reference ranges ** | |

For additional information, please contact: **HNL Automation at 877-402-4221**.

TEST CHANGES

BACTERIAL ANTIGENS TEST CODE

The following test code has been **INACTIVATED**.

| OLD TEST CODE | NEW / ALTERNATE TEST CODE |
|---------------------------|--|
| BACG (BACTERIAL ANTIGENS) | MENINGITIS/ENCEPHALITIS PCR, CSF (MEPCR) |

For additional information, please contact: **HNL Automation at 877-402-4221**.

NEW TEST

NEW TEST CODE

Measles, Mumps and Rubella (MMRB)

| | |
|-------------------------------|--|
| Effective Date: | IMMEDIATELY |
| Includes: | <ul style="list-style-type: none">• Rubella IgG Antibody, Immune Status (ROVA)• Mumps Virus igG Antibody, Immune Status (MUVA)• Rubella IgG Antibody, Immune Status (RUBG) |
| Methodology: | See individual test listing. |
| Testing Schedule: | Routine, daily |
| Report Availability: | 1-2 days |
| Specimen Requirements: | <p><u>Minimum Volume:</u> 1 mL</p> <p><u>Container:</u> Gold top tube, serum separator OR Red top tube, no serum separator</p> |
| Reference Range: | See individual test listings |
| Clinical Utility: | See individual test listings |

For additional information, please contact: **HNL Automation at 877-402-4221.**

GENERAL INFORMATION

GENERAL INFORMATION

Transfusion Reaction Physician Interpretation

Effective Date: **IMMEDIATELY**

Physician interpretation of transfusion reactions will now electronically report to the patient's electronic medical record.
 The electronic interpretation will replace the scanned paper version, which will deliver easier access and reduce turn-around-time.

Report Availability: 1-7 days

SAMPLE REPORT:

Results OBL-HYPOTENSIVE TRANSFUSION REACTION (Order 3437984)

9/16/2019 3:43 PM - Interface, Health Network Labs Results In

| Component | Lab |
|----------------------------------|------|
| Hypotensive Transfusion Reaction | HNL2 |

(Note)
 HISTORY AND LABORATORY FINDINGS: On 9/16/19, the patient was transfused with pRBC. The patient was not premedicated with prior to transfusion. After transfusion, the patient developed hypotension. The patient did not have fever, rash, dyspnea or oxygen desaturation. The patient's vital signs pre-transfusion were BP = 142/66, P = 78, T = 98.7, RR = 22. Post-transfusion vital signs were BP = 155/85, P = 80, T = 98.9, RR = 23 with an O2 saturation = 97%. The patient was on an ACE inhibitor. The patient was receiving pressor support.

LABORATORY EVALUATION: Transfused pRBC was ABO compatible with the patient. There were no clerical errors. The ABO type of the patient was reconfirmed. A post-transfusion direct Coombs and visual check for hemolysis were negative.

IMPRESSION: HYPOTENSIVE REACTION

The patient's symptoms are most consistent with a hypotensive reaction. Hypotensive reactions are defined as a sudden drop in either systolic or diastolic blood pressure (>30 mm Hg) during transfusion, often accompanied by fever, rash, and decreased O2 saturation. Typically, the patient's blood pressure will recover within minutes of discontinuing the transfusion. Patients at risk for hypotensive reactions include those on ACE inhibitors, which block the breakdown of bradykinin.

Testing Performed By

| Lab - Abbreviation | Name | Director | Address | Valid Date Range |
|--------------------|------------------------------|------------------|---|-----------------------|
| 210036619-HNL2 | HNL CC ACUTE CARE LAB (HNL2) | Jillian Grau, MD | 1200 S Cedar Crest Blvd Allentown PA 18103 | 08/19/19 1828-Present |

Lab and Collection
 OBL-HYPOTENSIVE TRANSFUSION REACTION (Order: 3437984) - 9/11/2019

Result History
 OBL-HYPOTENSIVE TRANSFUSION REACTION (Order #3437984) on 9/16/2019 - Order Result History Report

Additional Information

| Specimen ID | Bill Type | Client ID |
|-------------|-----------|-----------|
| | | |

Duck, Daisy (MR # 12001352) DOB: 02/07/1997 Printed at 9/23/19 1:43 PM Page 1 of 2

For additional information, please contact:
Laura Bailey, Manager Transfusion Services at HNL Blood Bank at 877-402-4221.