



LAB-LINK

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For the most up-to-date test information, visit our online handbook at www.healthnetworklabs.com

As your laboratory partner,

Health Network Laboratories is

pleased to keep you

connected to new and updated

laboratory testing information.

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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 which 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.



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NEW TEST:

HNL is pleased to expand our testing menu to include the following test.

Vaginitis/BV, DNA (VGPCR)	
Effective Date:	08/01/2017
Suggested CPT Code:	87481x3; 87798; 87661
Includes:	<p>The Vaginitis Panel simultaneously detects and differentiates the three most common infectious causes of vaginitis— Trichomonas vaginalis, Candida species and independent calls for Candida krusei and Candida glabrata, as well as Bacterial Vaginosis (BV markers) utilizing a microbiome based algorithm to provide the molecular diagnostic for BV.</p> <p>Bacterial vaginosis markers (Individual markers are not reported but rather reported as positive or negative for bacterial vaginosis.)</p> <ul style="list-style-type: none"> • Lactobacillus spp (L. crispatus and L. jensenii) • Gardnerella vaginalis • Atopobium vaginae • Megasphaera-1 <p>Results also reported for:</p> <ul style="list-style-type: none"> • Candida spp (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis) • Candida glabrata • Candida krusei • Trichomonas vaginalis
Methodology:	PCR
Testing Schedule:	Routine, Daily
Report Available:	24 hours
Specimen Requirements:	<p><u>Minimum Volume:</u> 1 swab</p> <p><u>Container:</u> BD MAX UVE Specimen Collection kit</p> <p><u>Collection:</u> Collect Vaginal Swab Specimen and transfer to the BD MAX UVE Sample Buffer Tube: Swabs must be transferred from the swab sheath to the BD MAX UVE Sample Buffer Tube directly (preferred) or within 2 hours of collection when kept at 2–30 °C.</p> <ol style="list-style-type: none"> 1. Uncap the BD MAX UVE Sample Buffer Tube and fully insert the swab into the tube so that the tip is at the bottom of the tube. 2. Grasping the swab by the cap, carefully break the swab shaft at the score mark. Use caution to avoid splashing or contamination of the tube contents. 3. Tighten the cap securely on the BD MAX UVE Sample Buffer Tube. In the event that the swab shaft is too long to allow closing the tube securely, collect a new specimen using a new swab. 4. Label the BD MAX UVE Sample Buffer Tube with patient information and date/time collected. <p>NOTE: Be careful not to obscure the barcodes on the tube.</p>
Reference Range:	Negative
Clinical Utility:	Diagnosis of the most common infectious causes of vaginitis/vaginosis.

For more information, please contact Georgia Colasante at 877-402-4223



ADDITIONAL INFORMATION

Ionized Calcium - Change in Reporting Units

Effective 08/09/2017 Health Network Laboratories will begin reporting whole blood Ionized Calcium (ICAL) in mmol/L units.

The reference ranges for Ionized Calcium (ICAL) effective 08/09/2017:

0-1 month:	1.0-1.5 mmol/L
1-6 month:	0.95-1.5 mmol/L
>6 months:	1.18-1.32 mmol/L

ICAL results prior to 08/09/2017 were reported in mg/dL units. Dialysis Ionized Calcium (DICAL) and Serum Ionized Calcium (SICAL) are currently reported in mmol/L.

The change in reporting units allows for reporting standardization between whole blood Ionized calcium (ICAL), Dialysis Ionized Calcium (DICAL) and Serum Ionized Calcium (SICAL).

For more information, please contact Lisa Crowthers at 877-402-4223