March 4, 2022

TEST UPDATE: **Estimated GFR (eGFR)**

Effective Date	**March 7, 2022**
Description of change	Effective **March 7, 2022**, HNL Lab Medicine will be updating the estimated GFR calculation (eGFR) to reflect the recommendations by the National Kidney Foundation's (NKF) and American Society of Nephrology's (ASN) recommendations to remove the race variable from eGFR calculations. This change will be made to any battery that contains the eGFR calculation: CREAT, BMP, CPMP, RFP, CALCR, CAACC, CKDKP & RCHEM. The reference range will be adjusted to match the GFR interpretations, and the eGFR comment will include the GFR category, result range, and interpretation. *PLEASE NOTE: After March 7, 2022, patient reports will only include one eGFR. Therefore, the two separate calculations for African American and non-African American GFR will no longer be included in patient reports.*

TEST UPDATE: **Complement Component Level 4a (C4A)**

Effective Date	**Immediately**
Description of change	Our manufacturers continue to experience a national supply shortage due to increased supply demand and transportation delays, affecting the turnaround time with some of our testing. Effective **Immediately**, test code C4A will be inactivated due to lack of special collection tubes. We will provide further updates and reactivate this test as the supply issue resolves.

NEW TEST: **FibroTest-ActiTest, Serum (FIBRT)**

Effective Date	**March 8, 2022**
Test Description	This test will replace test code FSURE (HCV Fibrosure)
Alternate Name(s)	HCV FibroSure, Liver Fibrosis
Methodology	Multiple
Testing Schedule	Varies
Report Availability	3-5 days
Minimum Volume	3 mL serum
Container	Gold top tube, SST
Collection	• Centrifuge specimen and transfer serum to amber aliquot tube • Specimen must be protected from light and refrigerated
Clinical Utility	Useful for evaluating hepatic fibrosis in chronic hepatitis C patients.

GENERAL INFO: **H. pylori Best Practices**

Background

H. pylori is one of the most common bacterial infections with estimates that up to 50% of the world's population may be infected. A majority of people who have H. pylori will never show any symptoms, but in a subset of individuals, it can have symptomatic presentations ranging from common symptoms like peptic ulcers and dyspepsia to rare occurrences such as gastric carcinoma and mucosa-associated lymphoid tissue lymphoma.

Clinical Utility

Serological testing has often been used to aid in the diagnosis of H. pylori as it is easily accessible, non-invasive, and cost-effective. However, the American Gastroenterology Association and the American College of Gastroenterologists do not recommend this as the preferred test for diagnosis.

Since such a high percentage of the population is infected and as serology is unable to differentiate active versus past infection, this test is considered to have low clinical utility. Additionally, some insurance providers are no longer reimbursing for H. pylori serological testing.

Recommendations

For noninvasive testing, the current recommendations are to use stool antigen testing (HNL Test Code HPSAG) or the Urea Breath Test. The stool antigen test is highly sensitive and specific, indicates an active infection, and can be used to monitor response to therapy.

Invasive options can also be used to aid diagnosis if a biopsy is performed. These include the Rapid Urease Test (HNL Test Code CLO) and Histopathology.

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

For technical questions related to these tests, 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.