HML UPDATE
For Our Valued HML Clients

healtheast.org/hml

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Annual Medical Necessity Reminder Notice!

HealthEast Medical Laboratory would like to remind all of our medical staff about the importance of providing medical necessity documentation for the laboratory procedures performed on patients for whom we will be billing Medicare or other third party payers.

*Please indicate the diagnosis, symptoms, or reason for performing each laboratory test ordered on the HML laboratory requisition. Please note that this documentation must also be available in your medical records.*

Organ or disease-related profiles will only be reimbursed when all components are medically necessary. Routine chemistry profiles are considered screening tests and are therefore not reimbursable. The Office of Inspector General (OIG) takes the position that physicians who knowingly order medically unnecessary tests for which Medicare reimbursement is requested may be subject to civil, criminal and administrative penalties and sanctions.

**HealthEast Pathologists** are available to assist with determining appropriate protocols (651-232-3500).

Debra Rodahl  Eric Razskazoff  Joseph Leverone, M.D.
HealthEast Laboratory  HealthEast Medical Laboratory  HealthEast Laboratory
Group Director  Sales Manager  Medical Director

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**Resident and Billing Expectations**

**WE NEED YOUR HELP!**

**Resident Insurance Information** Please remember - it is the responsibility of your facility to provide resident insurance information on ALL laboratory requested testing. If resident insurance information is not provided - your facility will be billed for the requested testing.

If HML does not receive the proper insurance information your facilities services may be Suspended or Terminated.

**Patient Demographic Information (resident billing information)**

Fax: (651) 232-3990
Or email to: hmlsnf@healtheast.org

Please call HML customer service 651-232-3500 option # 5, with questions or concerns.
PATIENT DEMOGRAPHICS (Face Sheet/Claim Sheet/Insurance Information Form)

Patient Demographics - contains all the basic demographic information about an individual, patient or resident.

Patient demographics (Face Sheet, Claim Sheet, Insurance Information Form) include:

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Date of Birth</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance information</td>
<td>Primary Insurance Group #</td>
<td>Primary Insurance Policy #</td>
</tr>
<tr>
<td>Guarantors</td>
<td>Emergency contact information</td>
<td>Gender</td>
</tr>
<tr>
<td>Phone number</td>
<td>Provider Information</td>
<td>Other</td>
</tr>
</tbody>
</table>

Each piece of information is important because correct and quality entry of such information will directly impact billing of the resident’s insurance or back to the facility. A good patient demographic form is the key to obtaining accurate information which is required for claim submission. Providing as much information as possible will reduce unnecessary contact and proper billing.

Your resident’s insurance coverage must be provided before any Laboratory services are rendered. This information must be furnished before services begin and within 3 days of admission to your facility. Information for Laboratory billing services are no different than the billing information and expectation of your Pharmacy or X-ray partners.

Examples of information required by HML to bill correctly:

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Today’s Date</th>
<th>Provider First &amp; Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Resident or Change in Billing Information</td>
<td>Gender</td>
<td>Resident Name</td>
</tr>
<tr>
<td>Patient Address (if different from facility)</td>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>Medicare Number</td>
<td>Welfare Number</td>
<td>Medica Number</td>
</tr>
<tr>
<td>HealthPartners Plan Number</td>
<td>Member Number</td>
<td>Other Insurance Company</td>
</tr>
<tr>
<td>Resident’s Medicare Insurance primary or secondary</td>
<td>Insurance Policy #</td>
<td>Insurance Address</td>
</tr>
</tbody>
</table>

Per your request, HML can provide a form with the above listed information.

Patient Demographic Information
Fax: (651) 232-3990 or emailed: hmlsnf@healtheast.org
INSURANCE INFORMATION FORM

Fax: (651) 232-3990 | EMAIL: hmlsnf@healtheast.org

◊ Please complete and fax this information within 24 hours of admission or changes.

Facility Name: ____________________________ Today’s Date: ___/___/___

(Please check appropriate box) ☐ New Resident ☐ Change in Billing Information

Resident Name: ____________________________

Birthdate (MM/DD/YYYY) ___/___/______ Sex: (check one) ☐ M ☐ F

Physician/Provider: ____________________________

Patient Address (if different from facility): ____________________________

Street: ____________________________

City ____________________________ State ______ Zip ______

Insurance

Medicare Number (Cost Plan Medicare): ___-___-____

Medical Assistance or Medicaid Number: ____________________________

Medica Number: ____________________________

HealthPartners Plan Number: ____________________________

Other Insurance Company: ____________________________

Phone Number: ____________________________

Group ID: ____________________________

Insurance Policy #: ____________________________

Insurance Address: ____________________________

Is the resident’s Medicare Insurance primary or secondary? (Check appropriate box)

☐ Primary ☐ Secondary ☐ Does not apply

healtheast.org
Beginning February 1st, 2018, All STAT/URGENT Requests MUST include a provider’s order.

A STAT or URGENT Laboratory draw request is defined as a procedure that requires immediate collection, analysis, and reporting of results as it is critical to the proper care of the patient. This test priority should only be ordered in a medical emergency or medical necessity.

WHO does this impact?
➤ Assisted Living/ Memory Care facilities

WHAT is changing?
➤ STAT/URGENT Laboratory Requests
  o Requests will not be fulfilled without a provider’s order
  o All STAT/URGENT requests must be called and the provider’s orders faxed to be scheduled

WHEN does this requirement begin?
➤ February 1st 2018

WHY is HML requesting this information for STAT/Urgent Requests when it wasn’t required before?
➤ A large increase or high volume of STAT/URGENT requests in 2017
➤ High volume of billing denials related to STAT/URGENT requests
➤ Missing Information for the STAT/URGENT request
➤ STAT/URGENT requests being ordered that are not a Medical Emergency or Medical Necessity
➤ Compliance concerns related to the STAT/URGENT request being without a provider’s written order.

Should you have questions or concerns, Please contact the HML Customer Service 651-232-3500 option 5.
STAT/URGENT DRAW REQUESTS

A STAT/URGENT TEST REQUEST IS A TEST BEING ORDERED BECAUSE OF A MEDICAL NECESSITY OR MEDICAL EMERGENCY. IF HML CANNOT RESPOND IN A TIMELY ENOUGH MANNER PLEASE CALL 911 OR CONTACT ORDERING PROVIDER TO DETERMINE NEXT STEPS.

WHAT YOU WILL NEED TO DO TO REQUEST AN STAT/URGENT TEST:

*COMPLETE ALL INFORMATION LISTED ON THE HML REQUISITION

*CALL HML CUSTOMER SERVICE WITH THE STAT/URGENT TEST REQUEST - 651-232-3500 OPTION #5

*PLEASE FAX PROVIDER’S STAT/URGENT ORDER REQUEST TO – (A FAX NUMBER WILL BE PROVIDED BY HML CUSTOMER SERVICE AT TIME OF REQUEST)

*CHECK (√) TEST IS BEING ORDERED AS A MEDICAL EMERGENCY REQUEST

*STAT/URGENT TEST RESULTS ARE REPORTED VIA FAX (HML normal reporting processes)

*CHECK (√) “SPECIAL INSTRUCTIONS” IF RESULTS NEED TO BE CALLED IN ADDITION TO BEING FAXED.

*CLIENTS REQUESTING URGENT LABS WILL BE ASKED IF THE STAT/URGENT ORDER WILL BE INCLUDED INTO THE PATIENT’S MEDICAL RECORD.

TURN AROUND TIMES (TAT) WILL BE BASED ON FACILITY TYPE, LOCATION, LOCAL TRAFFIC AND WEATHER CONDITIONS. PLEASE BE MINDFUL WHEN CALLING IN A STAT/URGENT REQUEST

STAT/URGENT test requests SHOULD NOT be ordered if:

- A HML phlebotomist was already at the facility and you forgot to order on your lab day
- You missed the cut-off time for same day requests
- The request is NOT an Emergency or Non-Emergent
- A provider may get mad if they don’t have results by a certain time
- The Coumadin clinic closes and you just have to have those results

All STAT/URGENT specimens drawn by an HML phlebotomist will be couriered into the Laboratory immediately after performing the draw, from the facility in which it was drawn, unless the phlebotomist will be coming directly back to the Laboratory.
CMS Member ID Change Notification  Effective APRIL 1, 2018

CMS is changing all Member Ids from Health Insurance Claim Number (HICN) to Medicare Beneficiary Identifier (MBI) starting April 2018.

To learn more please visit:  https://www.cms.gov/Outreach-and-Education/Medicare-LearningNetworkMLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf

From the CMS website

Why is CMS issuing new Medicare cards and new Medicare numbers?
The law requires the Centers for Medicare & Medicaid Services (CMS) to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare number will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. We’re taking this step to protect people with Medicare from fraudulent use of SSNs, which can lead to identity theft and illegal use of Medicare benefits.

What do I need to be ready for the change?
Your systems and business processes must be ready to accept the new Medicare number (which we call the Medicare Beneficiary Identifier or MBI in official guidance) by April 2018 for transactions, such as billing, claim status, eligibility status, and interactions, with our Medicare Administrative Contractor (MAC) contact centers.

There will be a transition period when you can use either the HICN or the MBI to exchange data and information with us. The transition period will start April 1, 2018, and run through December 31, 2019. However, your systems must be ready to accept the new MBI by April 1, 2018. It’s especially important that you’re ready for people who are new to Medicare in April 2018 and later because they’ll only get a card with the MBI.

If you have any questions or concerns, please contact your CMS Client Account Manager or the RCM Client Service Center at 877-927-8000.
Billing Change Notification - United Healthcare Network Bulletin  
Effective June 1, 2018

For your information:

United Health Care will be making the following change to their network on or after effective June 1, 2018. This memo notification is “for your information”.

*Please plan accordingly to make any necessary adjustments to your billing system related to the UHC Network change.*

For more information, call 877-842-3210 or visit UHCprovider.com

Revision to Laboratory Services Policy
The Laboratory Services Policy describes reimbursement rules for duplicate laboratory services by the same or multiple physicians or other health care professionals. The current policy allows for either the referring physician/other health care professional or the reference laboratory to report laboratory services.

For dates of service on or after June 1, 2018, only reference laboratories reporting laboratory services appended with modifier 90 will be eligible for reimbursement. Non-reference laboratory physicians or other health care professionals that report laboratory services with modifier 90 will no longer be reimbursed. This policy enhancement will align with Centers for Medicare & Medicaid Services (CMS) guidelines that only allow reimbursement of laboratory services to the reference laboratory for referred laboratory services. Reference laboratories may refer to another laboratory and will continue to be reimbursed when the reported laboratory services are appended with modifier 90. Physicians or other health care professionals who own lab equipment and perform laboratory testing will continue to be reimbursed, as modifier 90 would not be appended to the procedure code for the laboratory service. To help ensure appropriate claims adjudication, please confirm that your care provider information in the Network Data Base is accurate.

Any provider reporting laboratory services must follow CLIA certification requirements. Lab certification must support the lab code reported. Please refer to the Clinical Laboratory Improvement Amendment (CLIA) policy for claim submission guidelines. This announcement pertains to reimbursement policies for services reported using the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent or its successor form.


For more information, call 877-842-3210 or visit UHCprovider.com.
Continuation of transitioning tests from Mayo to ARUP or internally at Fairview - Effective Date 3-6-2018

As noted in previous communications, The HealthEast Care System, including HealthEast Medical Laboratory is now part of Fairview Health Services. This is an exciting opportunity for HealthEast Medical Laboratory and Fairview Diagnostic Laboratory to come together and offer the best services for our clients. Our early integration efforts have been around external contractual agreements where our combined organization can reach better overall agreements. Over the last few weeks, HealthEast Medical Laboratory has been working on transitioning some of the testing we currently refer to Mayo Medical Laboratories to either Fairview, where they perform internally or to ARUP (Associated Regional Pathology Laboratory) based out of Salt Lake City, Utah. ARUP is a nationally renowned referral laboratory associated with the University of Utah.

Due to the larger volumes of testing now being moved at one time, we are going to defer you to additional worksheet for the full detail of changes including testing method, reference ranges, and specimen requirements. The online HML Reference Manual will reflect the changes on the listed go-live dates.

Please contact Craig Rousar, HealthEast Laboratory Manager at 651-232-3002 for any questions.

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<th>Lab Code</th>
<th>Test Name</th>
<th>Performed at ARUP</th>
<th>Current CPT Codes</th>
<th>New CPT Codes</th>
<th>Current HML List Price</th>
<th>New HML List Price</th>
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Online Supply Ordering

Ordering supplies from HML via the on-line supply request form:

Go to www.healtheast.org/hml

Choose "Form s" found on the right-hand side of the page under "Medical Laboratory."
Choose "Online Supply Request Form".

This opens the on-line supply request form. Complete the required information fields and select the supplies from the list. If the item that you are requesting is not listed, you may type the item in the "Other" fields or under "Additional Comments". Please keep in mind that the other field and additional comment field have a limited number of characters, so keep these items as brief as possible.
The Fairview and HealthEast client management teams are excited to announce their official integration! This integration has been the result of hard work and collaboration between the two teams, including workflow analyses, data collection and many productive discussions. The result has been a cohesive team who is excited to work together to continually improve our processes and expand the offerings of our combined laboratory systems to our greater community. We would like to introduce the new team and how we work to provide our laboratory services to our customers.

The client management team’s primary focus involves maintaining the current customer base and the potential for new customers. The team attends about 4-6 trade shows a year to promote new business and to show support for our existing clients. The client management team works closely with many other areas of our health system which include:
Consulting Team: ensure quality is consistent with our contracted clients (HealthEast, Entira, Clinic Sophia and other clinic accounts)
Revenue Management: to help resolve account billing, reimbursement issues, client pricing
Client Services: to assist with any and all customer related issues
Mobile Phlebotomy: coordination of new and existing accounts
Processing: timely and accurate results and troubleshooting
Courier: all aspects of specimen transportation
LIS: all aspects of client reporting systems - current or potential new clients, Atlas, HC1, etc.
System Laboratories: all areas in relation to existing, new business and throughput
Marketing: marketing outreach laboratory within and outside our system

There is never a “typical” work week for the client management staff. In addition to maintaining our current client base we have client visits and/or problem resolution, administrative work, system related meetings and prospecting for new business.

Prospecting (for new clients) involves either placing phone calls to inquire about their existing services or stopping by a clinic or facility to sell our laboratory services. In general, it takes several attempts to secure an appointment to present our services to potential clients. We deal with a lot of rejection from prospecting before we can finalize a sales opportunity. Those NO SOLICITING signs are targeted at us!

The Twin Cities laboratory business market is very competitive. We not only compete against the national laboratories, Quest and LabCorp, but also against local laboratories such as North Memorial, Allina and Pathways/HealthPartners. It is important to remember that when we sell our outreach laboratory services, we are selling each and every aspect of what our laboratory teams do. Each person plays a very important role in providing the best service and quality available.

We do believe we are THE BEST thanks to everyone in the Fairview Laboratory System! The work you do every day helps us to provide the best service possible to our clients and our local patients. Thank you for everything you do!

Todd Gilbertson, System Director, Business, Strategy and Outreach

First of all I am Todd Gilbertson and I am super excited about the integration of our laboratory outside business teams from HealthEast and Fairview. Historically, most of us have referred to our external business as Outreach, but we appreciate the term “Outside Business”. This gives all laboratory staff the ability to grow and expand our impact on the Minnesota market and beyond as we continue to expand as a regional reference laboratory.

I have been with Fairview for almost five years and have held positions within both finance and laboratory administration. In that time I have been able to meet many incredibly talented laboratory staff that I often go home and share stories with my family. All of your amazing skills are what makes it so exciting for us in the outside business team to be able to market and offer to other patients and clinicians. The work you have all done for clients, whether new media creations, problem resolution, an expeditious turn-around, and clinical expertise are things we continue to hear.
Now a bit about me, which I must say is where I tend to become the most quiet, but here goes. I began and worked nine years in managed care for both United Health Group and Medica. After that I spent seven years in both private equity and risk management. In that time, I have been involved in many strategic and marketing alignment plans. I can say from experience that we have a lot of opportunity to partner with clinical groups, retail clinics, and research partners to expand our laboratory presence and continue to incrementally expand. When I am not at work my wife and I love spending time with our kids. We are usually at their sporting events, boating in the summer, or just trying to keep up. It is so funny when you hear someone say, oh well we just try to make it day to day, but that is true. It turns out making it day to day really is an activity and it is often ours. I also coach my son’s hockey team and now beginning this spring I will be coaching his baseball team. My daughter is three and is now in swimming and about ready to begin gymnastics, so cross your fingers as she is a dare devil. Wish us luck!

Eric Razskazoff, Manager, Client Development and Business Development
Hello my name is Eric Razskazoff (Raz); I am the sales manager for the integrated outreach team (HML & FDL). I started with HealthEast in May of 2002 and have loved the experiences and the people I have worked with over the past 16 years.

I graduated from the University of Minnesota in 1993. During my career I have sold postage meters for Pitney Bowes, made pizzas for Donatelli’s restaurant, served as the Marketing Director for Rosedale Center, Operations Director and Program Manager for the Roseville Skating Center/John Rose Oval, Marketing Account Manager for HealthEast and the Sales Manager for the outreach program at HealthEast Medical Laboratory (HML). I am excited about the combined forces of our teams and look forward to new challenges and meeting new people along this journey! (I am also a diehard Viking fan – SKOL).

Susan Ott, Supervisor, Client Services and Mobile Phlebotomy
This is not a new role for me. We are adding the three mobile phlebotomists and three client services staff from Fairview to my group. I have been in my current role, Client Services Supervisor, for 32 years overseeing the day to day operations in mobile phlebotomy and client services. Prior to my current position I worked as a mobile phlebotomist, client services rep, and specimen processor.

Debbie Rudesill, Client Management and Business Development Specialist
I’m Debbie Rudesill and I’ve been an MLT for 38 years. I started out in the hospital laboratory but the majority of my career has been in clinical settings. I’ve been with Legacy HealthEast for 19 years. The last nine years with HealthEast Medical Laboratory I served as a Client Account Manager and Outreach Education Coordinator. My job includes bringing on new client business for laboratory services while maintaining and managing the current client base which includes clinics and physician offices, long term care facilities, assisted living facilities, college campuses and small hospitals.
I also organize and facilitate educational seminars for clients that cover a wide variety of lab related subjects such as basic phlebotomy techniques, pediatric phlebotomy, UA Micro/Wet Prep, TB, Zika virus, bed bugs, understanding urine culture results and Lyme disease. I have three grown children and four beautiful grandbabies. In my spare time I love to camp, fish, travel, cook, and spend time with my family.

**Amanda Austreng, Client Management and Business Development Specialist**
Hello! My name is Amanda Austreng and I am a business development specialist with the integrated outreach team. My focus is on the acute care service lines, as well as our new genomics ordering system, data analytics, workflow development and new client prospecting. I am excited to see where the future takes us! I received my Bachelor’s Degree in Clinical Laboratory Science from the University of Wisconsin-Madison and my Master’s Degree in Health Care Administration from Ashford University. I started my laboratory career as a night shift MLS in a busy Denver hospital, where I worked blood bank, micro and the core lab. I began my career at Fairview as a generalist in the East Bank Acute Care Lab in 2013 and later became the Chemistry Technical Lead. I love to spend my free time playing with my kids, going on hikes, cross stitching and working in my garden!

**Joy Case, Client Management and Business Development Specialist**
I received my Bachelor’s degree in Medical Technology from Minnesota State University- Mankato and my MBA degree in Marketing Management from the Carlson School of Management at the U of M. I have a varied employment history. One of my first jobs out of college was working in the Biochemical Genetics Lab at the University of Minnesota! I have also worked at Alliant Techsystems in competitive analysis, Delta Dental in marketing research and in the clinic lab at Children’s Hospitals and Clinics of Minnesota. I have been at Fairview in Laboratory Outreach as a sales and marketing specialist now for 12 years! I will continue in the client management role working with HealthEast staff to keep our varied outreach customers happy and moving as many clients as possible to electronic ordering.

**Linda Wagener, HML Client Management Laboratory Account Associate**
I have worked in the medical field for 38 years, first starting out in nursing homes. I have worked at HealthEast for almost 17 years, with the past seven working with the HML client management team.

I support our long term care/clinic clients with laboratory services, educational training and billing support. In addition to working at HealthEast, I worked at Century College for 13 years as a phlebotomy instructor.

In my spare time, my family likes to spend as much time as we can at our cabin. We enjoy snowmobiling, ATV’s, boating, fishing, skiing and hunting. I have two labs, Abby and Rex. My two boys are grown, with one grandkid (Jack) who just turned one.
Pat Wiegel—Billing Specialist
My name is Pat Wiegel, I was born and raised in Omaha Nebraska. I moved to Minnesota after I got married in 1979 but I still call Nebraska my home. I have three beautiful daughters and four grandchildren (two girls and two boys) and love spending time with my family. I enjoy reading and going for walks along the Mississippi River. I started with Fairview in 1999 in the Pharmacy Business office. I left Fairview and went to United Health Care for a few years and then came back to the Fairview Outreach Laboratory in 2011 as a billing liaison between our clients, our labs and the outsourced billing services.

Adura Lansiquot, Accounts Receivable (AR) Coordinator
My name is Adura Lansiquot and I am an AR Coordinator. I started out at HealthEast Medical Laboratory Billing Department almost 17 years ago as a claims specialist. My duties were diagnosis coding and insurance registration for patient accounts. I also helped process claims follow up and appeals. After two years, I became the AR Claims Coordinator for the same team. I coordinated the work processed by our claims and follow up specialist to ensure that insurance claims were submitted and denials were managed in a timely and accurate manner. I also handled all HML monthly client statements, credits and client insurance corrections. My role was then moved to laboratory outreach. I look forward to the changes and challenges as my role is defined within the integrated team.

Jamie Lemieux, Laboratory Billing Specialist for HealthEast/HML.
I work with pricing, fee schedules, charge router issues, compliance, CPTs and price increases. I have been with HealthEast for six years (2 ½ years in this position, the remainder as the lead at Bethesda).

Rachel Wand, Billing Specialist
I’m Rachel and I actually used to work for Fairview up until about two years ago. I worked in registration in the emergency departments for 11 years on the University, Riverside and Masonic campuses. I started with the HML team at HealthEast about three years ago. I am a billing specialist. My main duty is to work with the long term care facilities and ensuring that Medicare is billed correctly. I also work on the laboratory miscellaneous charge review work queue (WQ) and make sure that the bills don’t get stuck in this WQ for too long!

I live in Lakeville with my husband, two girls and our Chihuahua mix. We seem to be always on the go but I wouldn’t have it any other way!
**Dianne Burns, Billing Specialist**

My name is Dianne Burns. I have been working for HealthEast since July of 1998. I started in the processing department at St Joes. While working in the processing department, I was asked to cover employees in the HML billing department while they developed and tested a new electronic health record (EHR)/billing computer system. That was two systems ago beginning in 2001. As my background is in accounting, this new position was a good fit for me. I continued to work in the HML billing department working in compliance primarily with skilled nursing facility (SNF) stays, which is a specific patient event.

Recently my title became Billing Specialist. In the current computer environment, I maintain the list of SNF stays for our long term care facilities. I activate and deactivate flags that direct the system to bill our LTC facilities based on that SNF stay list. I also manage a myriad of work queues in Epic in revenue management, reconcile client’s invoices, help identify records that need to be merged or requests entered under the wrong submitter, maintain the stoplight report, index face sheets, resident validation slips and reconciliation forms in On Base.

**Technical Consultants, JoAnn Nickles, Dawn Erlandson, Kelly Swanson**

JoAnn Nickles, Dawn Erlandson and Kelly Swanson are a group of three Laboratory Technical Consultants who consult for 39 physician office laboratories and specialty centers. JoAnn and Dawn took over the consulting program from the HealthEast laboratory managers back in January of 1997. They have grown and developed the program over the last 21 years to what it is today. Kelly joined the team in October of 2016. Prior to that, Kelly worked at Woodwinds Hospital lab since 2007 and is a graduate of Keiser University in Ft. Lauderdale. JoAnn graduated from Mankato State University, performed her internship at Midway Hospital and was hired by Midway upon graduation. JoAnn has 41.5 years with HealthEast. Dawn graduated from the University of Wisconsin – La Crosse, performed her internship at St. Joes hospital and also was hired by St. Joes upon graduating. Dawn will have her 41st anniversary with HealthEast this summer.

As technical consultants we field many questions each day as well as troubleshoot problems and address errors. We perform a mini COLA survey at each monthly consulting visit. We supply each clinic with a comprehensive color coded report of our observations and expect documentation of their follow up before our next consulting visit. It is an exciting, frustrating and rewarding job all rolled into one!

*Article from April 2018 FDL “Lab Connection” newsletter - Submitted by Amanda Austreng*
Consultant’s Corner

Clean Catch vs. Dirty Catch

Urine is one type of specimen that can be easily collected from a patient. As with all laboratory testing, it is important to follow all specimen collection, handling, and transport requirements for each test to ensure accurate patient results. Urine specimens may be collected in a variety of ways according to the specimen required the collection site and patient type. In this article, we look at the collection requirements for two commonly ordered urine tests: urine culture and STD testing using nucleic acid amplification tests.

To reduce contamination, specimens for urine culture require a “clean catch” specimen. This is obtained by having the patient cleanse with a cleansing towelette prior to collection, void a small amount of urine into the toilet, collect the mid-stream portion of the urine into a sterile container and void the remaining urine into the toilet.

Urine specimens for GEN-PROBE Aptima® assay for Chlamydia trachomatis and/or Neisseria gonorrhoeae require the patient to collect the first-catch or initial stream of urine. This is sometimes referred to as a “dirty catch” because it is collected without using a cleansing towelette. The patient should not have urinated for at least 1 hour prior to specimen collection. The patient should collect 20-30 mL of initial urine stream into a sterile urine cup. Collection of larger volumes of urine can result in specimen dilution that may reduce test sensitivity. Use a sharpie to draw a line at the 30mL mark on the urine container and instruct the patient to fill the urine container only to the marked line.

What if a provider orders both a urine culture and GEN-PROBE urine test? Can the same specimen be used for both tests? The answer is NO. The patient should be instructed to provide both a “dirty” and “clean” catch specimen in two separate containers.

If the patient is able, instruct the patient to collect the first catch, initial stream of urine into a urine container that has been marked with a line at the 30ml mark. Then instruct the patient to use a cleansing towelette and to follow the cleansing instructions provided. After cleansing, the mid-stream “clean” catch urine should be collected into a second, sterile urine collection cup. The remaining urine should be voided into the toilet.

If it is too difficult for the patient to collect both samples during their visit, one container, along with collection instructions, can be sent home with the patient. As a reminder, urine samples must be transferred into an Aptima® urine specimen transport tube within 24 hours of collection.

All specimens should be labeled appropriately with the patient’s first name, last name and date of birth. Refer to pages B12-B13 and B19 in the Specimen Collection section of the online HML Manual for further instructions regarding Urine GEN-PROBE and Urine Culture collection requirements. The manual can be found at www.healtheast.org/hml.
Updates to the HealthEast Syphilis Testing Cascade

HealthEast Laboratories is pleased to announce we will be updating the Syphilis testing cascade and adopt a reverse sequence Syphilis Serology testing Algorithm recommended by the US Department of Health and Human Services Centers for Disease Control and Prevention (www.cdc.gov/mmwr/preview/mmwrhtml/mm6005a1.htm). The CDC states that presumptive diagnosis requires the use of two serologic tests: a treponemal assay and a non-treponemal assay.

Starting 3/6/2018, the HealthEast Syphilis Screen Cascade (LAB494) should be the initial order to evaluate patients for syphilis status. The test requires 2 ml of plain red top serum to allow for all possible cascade tests to be performed.

The first test done on the Syphilis Screen Cascade will be the Treponema Antibody (Syphilis), a chemiluminescent immunoassay (CLIA) performed on the Diasorin Liaison XL analyzer at St. Joseph’s Hospital.

If the result of the Treponema Antibody (Syphilis) test is Positive or Equivocal, a RPR Screen with Reflex (Rapid Plasma Reagin-a non-treponemal test) will reflex for an additional charge, and be performed at HE St. Joseph’s Laboratory.

If the result of the RPR Screen is Reactive, a RPR Titer (LAB3143) is performed. If the result of the RPR Screen is Non-reactive, a Treponema Pallidum Antibody by TP-PA is performed.

For more information on the significance of testing from the Syphilis Screen Cascade, please refer to the attached HealthEast Medical Laboratory Syphilis Serology testing Algorithm-March 2018.

Thank you for the opportunity to continue to provide you with high-quality, reliable, laboratory test results. Input from the clinical providers we serve is a valuable resource as HealthEast Medical Laboratory strives to continually improve our services.

Please contact Dr. Joseph Leverone at 651-232-3573 or Craig Rousar at 651-232-3002 with questions or for more information.
Syphilis Serology Testing Algorithm  March 2018
St. Joseph's Chemistry

Equivocal or Positive

Order Syphilis Screen Cascade (LAB494).

Initial testing is Treponema Antibody (Syphilis) by chlamydia assay (treponemal assay).

Negative

Current or past syphilis infection unlikely; follow up with retesting if clinically indicated (early or inapparent syphilis).
No laboratory evidence of syphilis.

Reactive RPR

Reflex occurs automatically to add RPR Screen with Reflex RPR (non-treponemal test) performed by HML. This RPR screen is not orderable separately.

Non-reactive RPR

Diagnosis of syphilis confirmed by positive reactive results on the Treponema Antibody (Syphilis) and the RPR assays. Reflex occurs automatically to a RPR Titer (LAB3143) sent to Fairview Diagnostic Laboratory.

In addition, if original Treponema Antibody (Syphilis) result was reported as equivocal and the RPR screen is Reactive, clinicians should order Treponema Pallidum Antibody by TP-PA (TP-PA LAB866) at ARUP Laboratories. TP-PA is a second type of treponemal assay.

Reactive TP-PA

May indicate previously treated syphilis. Reflexes automatically to add Treponema Pallidum Antibody by TP-PA (LAB866) at ARUP Laboratories. TP-PA is a second type of treponemal assay.

Consistent with past or potential early syphilis infection. Treatment is indicated unless a history of treatment exists. Clinical evaluation is required.

RPR Titer (LAB3143) provides information for treatment baseline in an untreated syphilis or treatment follow up in cases of previously treated syphilis. Refer to CDC guidelines for treatment. RPR Titer (LAB3143) can be ordered separately for following treatment on previously diagnosed patients.

Non-reactive TP-PA

Inconclusive for syphilis infection. Possible interpretations. Positive Treponema Antibody (Syphilis) test with non-reactive RPR and TP-PA tests:
1. False positive Treponema Antibody, Total test
2. Early Syphilis
3. Disease stage is not syphilis (could be other spirochetal disease like yaws, pinta or leptospirosis)

No treatment indicated. Suggest retesting if clinically indicated.
Updated Immunology Reporting Formats

Due to updates in test manufacturer reporting nomenclature, Mumps, Rubeola (Measles), Varicella Zoster, and Rubella Immune Status will be replaced by Antibody, IgG. Each will report as Negative, Equivocal or Positive with no abnormal flagging. Each result will be reported with Result Comments that provide definitions for what Negative, Equivocal and Positive results mean for the patient for each specific test type.

Updated Result Comments are as follows:

**Mumps Antibody, IgG (MIS) (LAB160)**
- **Negative:** Absence of detectable mumps virus IgG antibodies. A negative result generally indicates the patient has not been infected and is susceptible to mumps.
- **Equivocal:** Suggest recollection no less than one to two weeks later.
- **Positive:** Presence of detectable mumps virus IgG antibodies. A positive result generally indicates past exposure to mumps virus or previous vaccination.

**Rubeola Antibody, IgG (RIS) (LAB657)**
- **Negative:** Absence of detectable measles virus IgG antibodies. A negative result generally indicates the patient has not been infected and is susceptible to measles.
- **Equivocal:** Suggest recollection no less than one to two weeks later.
- **Positive:** Presence of detectable measles virus IgG antibodies. A positive result generally indicates past exposure to measles virus or previous vaccination.

**Varicella Zoster Antibody, IgG (VIS) (LAB162)**
- **Assay interference due to circulating antibodies against HIV, Hepatitis A, Hepatitis B, Hepatitis C, HAMA (human anti-mouse antibodies) and rheumatoid factor has not been evaluated.**
- **Negative:** Absence of detectable Varicella Zoster IgG antibodies. A negative result indicates no detectable VZV antibody, but does not rule out acute infection. It should be noted that the test usually scores negative in infected patients during the incubation period and early stages of infection.
- **Equivocal:** Suggest recollection.
- **Positive:** Presence of detectable Varicella Zoster IgG antibodies. A positive result generally indicates exposure to the pathogen or administration of specific immune-globulins, but it is no indication of active infection or stage of disease.

**Rubella Antibody, IgG (RUB) (LAB2272)**
- **Negative:** Absence of detectable rubella virus IgG antibodies. A negative result presumes that immunity has not been acquired.
- **Equivocal:** Suggest recollection.
- **Positive:** Considered positive for IgG antibodies to rubella virus.

Thank you for the opportunity to continue to provide you with high-quality, reliable, laboratory test results. Input from the clinical providers we serve is a valuable resource as HealthEast Medical Laboratory strives to continually improve our services.
HealthEast Laboratories is pleased to announce that Group B Streptococcus results will be reported using Cepheid Xpert® GBS LB Assay starting 2/12/2018.

GBS bacterial infection is associated with serious illness in newborns born to women who are colonized with the microorganism. Transmission of GBS occurs from GBS-colonized women to their newborn before birth (anteprtum) or during birth (intrapartum). In the United States, GBS infection is the major cause of death in newborns who develop sepsis, pneumonia, or meningitis. Current standard of care for preventing neonatal GBS disease is screening pregnant woman at 35-37 weeks of gestation to determine their GBS colonization status.

The Cepheid Xpert® GBS LB Assay is a qualitative in vitro diagnostic test designed to detect Group B Streptococcus (GBS) DNA from enriched vaginal/rectal swab specimens, using fully automated real-time polymerase chain reaction (PCR) with fluorogenic detection of the amplified DNA.

Testing is performed at St. Joseph’s Hospital Microbiology Laboratory. The test is available 7 days a week 7am-330pm.

GBS will continue to be reported out as Positive or Negative. Penicillin allergic women with positive GBS will have susceptibilities performed.

The following statement will be reported on all GBS tests:

**Intended use:**
The Cepheid Xpert GBS LB Assay, performed on the GeneXpert® Instrument Systems, is a qualitative in vitro diagnostic test designed to detect Group B Streptococcus (GBS) DNA from enriched vaginal/rectal swab specimens, using fully automated real-time polymerase chain reaction (PCR) with fluorogenic detection of the amplified DNA. Xpert GBS LB Assay testing is indicated as an aid in determining GBS colonization status in antepartum women. This assay does not diagnose or monitor treatment for GBS infections. The Cepheid Xpert GBS LB Assay is intended for use in hospital, reference or state laboratory settings. The device is not intended for point-of-care use.

**Methodology:**
The GeneXpert Instrument Systems automate and integrate sample lysis, nucleic acid purification and amplification, and detection of the target sequence in simple or complex samples using real-time polymerase chain reaction (PCR). The GBS primers and probe detect a target within a 3’ DNA region adjacent to the cfb gene of S. agalactiae. A fluorescent signal becomes detected and increases each time the specific DNA strand is amplified. The Real-time PCR generates a growth curve with number of cycles on the x-axis and fluorescence on the y-axis. If the organism’s DNA is not detected by the real-time PCR reaction the growth curve will be flat and will be resulted as negative.
HealthEast Laboratories is pleased to announce that Clostridium Difficile results will be reported using Cepheid Xpert® C. difficile/Epi platform starting 2/12/2018.

C. difficile’s primary virulence factor is cytotoxin B. In the last several years, there have been outbreaks of CDI attributed to a number of emerging “hypervirulent” strains that include fluoroquinolone resistant strains belonging to PCR ribotype 027, PFGE type NAP1 and REA type BI.8,12 Strains of 027/NAP1/BI exhibit increased toxin production. The identification of a presumptive positive or negative 027/NAP1/BI result may aid in the identification of possible sources of an 027/NAP1/BI outbreak.

The Cepheid Xpert® C. difficile/Epi Assay is a qualitative in vitro diagnostic test for rapid detection of toxin B gene sequences and for presumptive identification of 027/NAP1/BI strains of toxigenic Clostridium difficile from unformed stool specimens collected from patients suspected of having C. difficile infection (CDI). The Cepheid Xpert® C. difficile/Epi assay detects the toxin B gene (tcdB), the binary toxin gene (CDT), and the single-base-pair deletion at nucleotide 117 within the gene encoding a negative regulator of toxin production (tcdCΔ117).

The test is available on a stat or routine basis, 7 days a week 7am-10pm. Testing is performed at St. Joseph’s Hospital Microbiology Laboratory.

C. difficile will continue to be reported out as Positive or Negative.

C. Difficile ribotype 027/NAP1/BI will now be reported with every CDI test. C. Diff 027/NAP1/BI strain will be resulted out as presumptive positive or presumptive negative. There is no Ribotype 027/NAP1/BI confirmatory test. Detection of 027/NAP1/BI strains of C. difficile by the Xpert C. difficile/Epi is solely for epidemiological purposes and is not intended to guide or monitor treatment for C. difficile infections.

The microbiology lab will no longer accept specimens in preservative. Specimens should be collected in a clean container and stored at 2-8°C for up to 5 days.

The microbiology lab will no longer accept specimens from children <2 years of age. Performance characteristics were not established for patients < 2 years of age on the Cepheid Xpert® C. difficile/Epi Assay.

Enteric isolation will remain the same for all in-patients with a positive C.difficile result regardless of 027/NAP1/BI interpretation.

The following statement will be reported on all CDI tests:

**Intended use:**
The Cepheid Xpert® C. difficile/Epi Assay is a qualitative in vitro diagnostic test for rapid detection of toxin B gene sequences and for presumptive identification of 027/NAP1/BI strains of toxigenic Clostridium difficile from unformed stool specimens collected from patients suspected of having C. difficile infection (CDI). The Xpert C. difficile/Epi Assay is intended as an aid in the diagnosis of CDI. Detection of 027/NAP1/BI strains of C. difficile by the Xpert C. difficile/Epi Assay is presumptive and is solely for epidemiological purposes and is not intended to guide or monitor treatment for C. difficile infections. The Cepheid Xpert C. difficile/Epi Assay is intended for use in hospital, reference or state laboratory settings. The device is not intended for point-of-care use.
Methodology:
The GeneXpert Instrument Systems automate and integrate sample lysis, nucleic acid purification and amplification, and detection of the target sequence in complex samples using real-time polymerase chain reaction (PCR). The Cepheid Xpert® C. difficile/Epi assay detects the toxin B gene (tcdB), the binary toxin gene (CDT), and the single-base-pair deletion at nucleotide 117 within the gene encoding a negative regulator of toxin production (tcdC\textsubscript{117}). Presumptive identification of 027/NAP1/BI strains of C. difficile is by detection of binary toxin (CDT) gene sequences and the single base pair deletion at nucleotide 117 in the tcdC gene. The tcdC gene encodes for a negative regulator in C. difficile toxin production. A fluorescent signal becomes detected and increases each time the specific DNA strand is amplified. The Real-time PCR generates a growth curve with number of cycles on the x-axis and fluorescence on the y-axis. If the organism’s DNA is not detected by the real-time PCR reaction the growth curve will be flat and will be resulted as negative.

Communicating Critical Laboratory Results

Clinical laboratories follow many guidelines established by the Centers for Medicare and Medicaid Services (CMS). These guidelines insure that laboratory work is done properly from patient identification, sample collection, transport of the sample, sample processing, analysis and finalizing with result reporting.

One of the CMS guidelines deals with communicating critical lab results. The performing laboratory is required to call critical results to a licensed caregiver.

*The performing lab (HML) is required to document the **FIRST AND LAST NAME** of the person receiving the critical lab results.*

Thank you for partnering with HML for your laboratory testing needs.
Testing Requiring Universal Transport Media (UTM)

See the Helpful Charts Below

<table>
<thead>
<tr>
<th>Panel name:</th>
<th>HSV 1 &amp; 2 Qualitative DNA by PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel code:</td>
<td>HPC (LAB917)</td>
</tr>
</tbody>
</table>

**Collection requirements:** FLOCKED SWAB IN UTM (RED CAP)

**S/H instructions:**
- Days Test Performed: Three times each week Mon-Fri
- SUBMIT: Flocked swab in Universal Viral Transport Medium (eye, mouth, nasal, throat, genital, or skin/dermal)
- REFRIGERATED.
- UNACCEPTABLE: CSF, tissue, feces, heparinized specimens or wound dressings. Eswabs are not acceptable.
- NOTE: Specimen source is REQUIRED. Alternate specimen: Fluid from at least six vesicles placed in Universal Transport Medium OR 1 mL serum from Plain Red Top or plasma from Lavender Top (EDTA) or bronchoalveolar lavage (BAL) REFRIGERATED. Minimum volume 0.5 mL.

**Performing locations:** FAIRVIEW LABORATORY: FAIRVIEW SENDOUT SECTION

<table>
<thead>
<tr>
<th>Panel name:</th>
<th>Respiratory Virus Panel by PCR, Extended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel Code:</td>
<td>RVPCR (LAB3131)</td>
</tr>
</tbody>
</table>

**Collection requirements:** FLOCKED SWAB IN UTM (RED CAP)

**S/H instructions:**
- Days Test Performed: All
- SUBMIT: Flocked swab in Universal Viral Transport Medium (nasopharyngeal collection) or 2 mL bronchoalveolar lavage (BAL)/respiratory aspirate in sterile screw-top container REFRIGERATED. Minimum volume 0.5 mL
- UNACCEPTABLE: Calcium-alginate swabs (shown to inhibit PCR), dry or moistened cotton swabs, sputum or non-respiratory specimens. Sputum, tracheal aspirates, tissue and throat swabs are not acceptable.
- NOTE: Specimen source is REQUIRED. Specimen in universal viral transport media stable Refrigerated up to 7 days or Frozen 1 month. This test detects influenza A (H1 and H3) Influenza A 2009 H1N1, Influenza B, RSV A, RSV B, Parainfluenza (1, 2 and 3), Human Metapneumovirus, Human Rhinovirus, Adenovirus B/E and Adenovirus C.

**Performing locations:** FAIRVIEW LABORATORY: FAIRVIEW SENDOUT SECTION
<table>
<thead>
<tr>
<th>Panel name:</th>
<th>Varicella-Zoster Virus DNA by PCR, CSF or Skin Swab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel Code:</td>
<td>ZPC (LAB1372)</td>
</tr>
<tr>
<td>Collection requirements:</td>
<td>Sterile Container or Swab in UTM</td>
</tr>
<tr>
<td>S/H instructions:</td>
<td>Days Test Performed: Mon, Wed, Fri Submit: 0.5 mL CSF in sterile screw-top container OR flocked swab in Universal Viral Transport Medium (eye, nasal, throat, or dermal lesion/rash) REFRIGERATED. Minimum volume 0.2 mL. Unacceptable: Specimens other than swab or CSF. Plasma, ocular fluid and tissue. Eswabs are not acceptable. NOTE: Specimen source is REQUIRED. Do NOT centrifuge CSF.</td>
</tr>
<tr>
<td>Performing locations:</td>
<td>FAIRVIEW LABORATORY: FAIRVIEW SENDOUT SECTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Panel name:</th>
<th>Legionella Species by Qualitative PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel Code:</td>
<td>LCR (LAB1352)</td>
</tr>
<tr>
<td>Collection requirements:</td>
<td>Sterile Container</td>
</tr>
<tr>
<td>S/H instructions:</td>
<td>Days Test Performed: All SUBMIT: 2 mL respiratory specimen [bronchoalveolar lavage (BAL), sputum, tracheal aspirate, or pleural fluid] in a sterile screw-top container (minimum volume 0.5 mL) OR nasopharyngeal swab or bronchial brushings in ARUP viral transport media FROZEN. NOTE: Specimen source required. Fluid is also acceptable in viral transport media. Specimen stable Ambient 24 hours, Refrigerated 5 days, Frozen 6 months.</td>
</tr>
<tr>
<td>Performing locations:</td>
<td>ARUP LABS: ARUP LAB SENDOUT SECTION</td>
</tr>
</tbody>
</table>
**Microbiology Transport Media Guide**

<table>
<thead>
<tr>
<th>Transport Media</th>
<th>Specimen Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia and/or GC (gonorrhea) by amplified DNA probe test (Gen-Probe Aptima® Combo 2 Assay)</td>
<td>Approved for genital sources only.</td>
</tr>
<tr>
<td>Chlamydia on non-genital sources (GenProbe swab collection kit)</td>
<td>Eye, nasal, mouth, throat</td>
</tr>
<tr>
<td>CultureSwab™ (white cap)</td>
<td>Used to swab nares, throats, wounds, Group B strep, wet preps, Ureaplasma / mycoplasma</td>
</tr>
<tr>
<td>Charcoal CultureSwab Plus™ (orange cap)</td>
<td>GC (gonorrhea) culture and genital culture</td>
</tr>
<tr>
<td>E Swab (white cap)</td>
<td>Anaerobic culture AND Aerobic culture.</td>
</tr>
<tr>
<td>ETM™</td>
<td>Transport media for stool cultures.</td>
</tr>
<tr>
<td>Microtest M4</td>
<td>Use Dacron® tipped swab to collect specimen. Place swab in Microtest M4™ tube. Break off swab below fingers, leaving swab in liquid. Replace screw-top cover. (Can also be used for collection of viral and chlamydia cultures).</td>
</tr>
<tr>
<td>Mini-Tip ESwab™ (blue cap)</td>
<td>Nasopharyngeal collections, ear and eye cultures. Must use for Flu AB testing at HML May use for RSV testing</td>
</tr>
<tr>
<td>A.C.T.®1 Vial (Anaerobic)</td>
<td>Swab vial top with alcohol, put clean needle on syringe, and inject fluid.</td>
</tr>
<tr>
<td>Protofix™ CLR</td>
<td>Transport media for O&amp;P’s, Giardia detection, Cryptosporidium</td>
</tr>
<tr>
<td>Universal Viral Transport (red cap)</td>
<td>Bordetella pertussis and parapertussis by PCR, Legionella species by PCR, HSV 1 &amp; 2 Qual DNA by PCR, Respiratory Virus Panel by PCR, Varicella-Zoster Virus DNA by PCR</td>
</tr>
</tbody>
</table>

(See Microbiology Container Chart for images of swab types on next page.)
### Container Chart for Microbiology Specimen Collection

<table>
<thead>
<tr>
<th>Collection Container</th>
<th>Used for</th>
<th>Instructions</th>
</tr>
</thead>
</table>
| A.C.T.®1 Vial        | • Anaerobic Cultures (CAN)  
                      | • Body Fluid Cultures (BFC)  
                      | • Aspirate Cultures (ASC)  
                      | Aspirate fluid with needle and syringe, remove vial cover and place in vial through rubber top. |
| Sterile Screw-Top*   | • Sputum Cultures (SPU)  
                      | • Stool Testing  
                      | • Urine Cultures (UC)  
                      | • Tissues (TIS)  
                      | • Body Fluids (BFC)  
                      | • Aspirates (ASC)  
                      | Patient should rinse mouth, cough deeply and expectorate sputum into container.  
                      | • Properly collect midstream or straight catheter urine specimens.  
                      | • Small tissue pieces can also be placed in a 5 ml sterile saline tube.  
                      | Aspirated material can also be sent in the syringe, needle removed and capped. |
| E-Swab*              | • Anaerobic Cultures (CAN)  
                      | • Aerobic Surgical Wounds (ASW)  
                      | Collect swabbed sample, place swab in tube, break at mark, and cap tube.  
                      | Note: Routine Aerobic and Anaerobic testing can be done on one specimen/container if it is received in E-Swab transport, or is a fluid/aspirate. |
| ESwab Minitip (blue cap) | Influenza A/B (FAB)  
                      | RSV Rapid Screen (RSV)  
                      | Collect from nasopharynx, place swab in tube, break at mark and cap tube.  
                      | Nasal washes in sterile screw top also acceptable. |
| CultureSwab Routine (white cap) | • Throat Cultures (TC)  
                      | • Non-surgical Wound Cultures (WD)  
                      | • Wet Prep (WET)  
                      | Collect swabbed sample, place swab in tube. |
| Universal Viral Transport (red cap) | • Bordetella pertussis PCR (PPC)  
                      | • Legionella species by PCR (LCR)  
                      | • HSV 1 & 2 Qual DNA by PCR  
                      | • Respiratory Virus Panel by PCR  
                      | • Varicella-Zoster Virus DNA by PCR  
                      | Rotate gently and maintain in nasopharynx for 15 seconds. |
| CultureSwab (red cap) | MRSA screen (MRS)  
                      | Using same swab, insert into each nostril and roll against nasal membrane. |
| Charcoal Culture Swab Plus (orange cap) | • GC (gonorrhea) culture (GC)  
                      | • Genital Culture (VCU)  
                      | Collect swabbed sample, place swab in tube. |

This chart does not list all sample types please refer to the Laboratory Manual at www.healtheast.org/laboratory/he-med-lab/reference-manual.html for complete sample collection information. Any questions/comments regarding this chart can be directed to Microbiology at 651-232-3680.