



“Keeping Our Clients Informed”
Questions or Comments

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HML UPDATE

For Our Valued HML Clients

fairview.org/labs

Summer 2019



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Reporting of Reticulocyte Results

Beginning 5/2/2019, HealthEast Medical Laboratory started reporting reticulocyte values as a percentage, in addition to our current process of reporting the absolute count. This change has been implemented to better align with best practices, as well as standardize with our Legacy Fairview laboratory partners.

Reference Ranges:

Retic % (Adult) 0.8 - 2.7%

Retic % (0-7 day old) 2.0 – 6.0%

Absolute Retic (All) 0.01-0.11 /uL

Please contact Dr. Kendal Price at 651-232-3623 or Charlie Burrige at 651-232-7191 with questions or more information.

Change in Performing Laboratory, Kidney Stone Analysis

Beginning 5/2/2019, HealthEast Medical Labs started sending Kidney Stone Analysis (LAB564) testing to ARUP labs. There is no impact to ordering workflows or collection requirements. Testing will be performed 7 days/week with a turn-around time of 24-96 hours.

For test build purposes, please refer to the Client IT Communication, sent separately.

Please contact Dr. Byron Simmons at 651-232-7186 or Charlie Burrige at 651-232-7191 with questions or for more information.

Mobile Phlebotomy Ammonia Draws

Many of our partners have asked – *Why do you no longer allow your mobile phlebotomists to draw Ammonia's?*

Our leadership decided effective January 1st 2019 our mobile phlebotomy teams will no longer offer Ammonia testing to be collected based on quality patient care.

Ammonia draws require sensitive handling of the specimen after drawing. The specimen must be spun (centrifuged) and the plasma must be removed from the cells within 15 minutes or the specimen will NOT be acceptable for testing.

Our laboratories still performs Ammonia collection and testing, but patients will need to travel to an outpatient hospital lab or a clinic setting to be tested.

Change in Performing Laboratory
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Our ongoing work to transition reference lab testing to ARUP (Associated Regional Pathology Laboratory) based out of Salt Lake City, Utah, is continuing. ARUP is a nationally renowned referral laboratory associated with the University of Utah

Please note that the following labs will be performed at ARUP Laboratories starting with orders placed on Tuesday, June 11th:

Test Name	Order Code	Specimen	TAT	CPT	HML List Price
Maternal Serum Screen, Alpha Fetoprotein (MS AFP)	LAB2109 (LabWorks SGL)	1 mL serum REFRIGERATED. Centrifuge and aliquot within 2 hours of collection. Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation.	72 Hours	82105	\$23.99
Maternal Serum Screen, Alpha Fetoprotein, hCG, Estriol, and Inhibin A (Quad) [MS QUAD]	LAB692 (LabWorks QD)	3 mL serum REFRIGERATED. Centrifuge and aliquot within 2 hours of collection. Specimen must be drawn between 14 weeks, 0 days and 24 weeks, 6 days gestation. The recommended time for maternal serum screening is 16 to 18 weeks gestation.	72 Hours	81511	\$64.68

Complete and submit a Maternal AFP form found in the front section of the manual if order is not placed electronically.

For test build purposes, please refer to Client IT communication sent separately.

Please contact HealthEast Laboratory Send Out department at 651-232-3158 for any questions.

Discontinuation of Plastic Lithium Heparin Tubes for Carboxyhemoglobin

BD, the manufacturer of the plastic lithium heparin tubes, has issued a product notification recall for these tubes when used to analyze venous blood samples for carboxyhemoglobin (COHb). BD states that the tubes may yield results with a false elevation of COHb, when testing is performed on the GEM 4000 instrument. All Legacy HealthEast laboratories utilize this instrumentation.

BD has confirmed the potential for a positive 1.2% (absolute) mean bias on the GEM 4000 instrument. The health risk associated with a false-positive COHb is considered minimal because clinically relevant oxygen toxicity would be unlikely to occur during short exposure to oxygen therapy.

Carboxyhemoglobin is a low volume test and HML has reviewed all patient results from the last 90 days to evaluate impact. There were no critical results found in the 38 specimens received for testing. Due to the positive bias regarding COHb, the decision has been made to discontinue the use of plastic lithium heparin tubes as an acceptable specimen for carboxyhemoglobin testing performed on the GEM 4000.

Effective 6/25/2019, HML will no longer accept plastic lithium heparin tubes for carboxyhemoglobin testing.

Collection information for Carboxyhemoglobin: 1ml of whole blood in a syringe (dry lithium heparin) on wet ice. Specimen must arrive within 72 hours.

Specimen should be drawn free of air, **replace needle with cap**, and mix well for 30 seconds by inversion and rolling between palms. DO NOT remove cap before testing.

Please contact Stephanie McGlone, smcglone@healtheast.org with questions or for more information.

Consultant's Corner

Why do we do Proficiency testing?

Some of you may wonder why we do Proficiency testing (PT). To many, it may seem like extra busy work. I get it! Nobody needs more work. Proficiency testing does have a purpose. It provides us with an opportunity to check the quality of our test system from beginning to end. It helps us assess some of the following:



Pre-analytical variables such as proper test kit storage. If our test kits were not stored at the right temperature, they may not provide us with accurate results.

Analytical variables such as staff competency and instrument function. If staff do not follow the procedure for performing the test, they could get inaccurate results. If our machines are not properly calibrated and maintained, we could fail PT.

Post-analytical variables. Often labs fail proficiency because they made a clerical error. Clerical errors (recording the result under the wrong sample) can certainly occur with patient testing as well. We always need to be sure we are taking enough time to double check our results.

When we fail a Proficiency test, we should be checking all of these things. It is a sign that something may be wrong. It is an opportunity to be sure that we are always reporting out accurate results for the patients we serve.

CLIA requires Proficiency testing for the reasons listed above. It is part of maintaining our lab accreditation which is required in order to perform and bill for lab testing. Every lab that is moderate complexity or above must perform Proficiency testing.

There are several rules we must follow for Proficiency testing. Below are some highlights. Inspectors look very closely for all of these things.

Attestation form - each shipment includes an attestation form that must be signed by all staff who performed testing and the lab director or designee. When we sign the form we are saying that we have run the samples in the same way that we run our patient samples. This means, that we should only repeat a test if that is what we would do for a patient test.

PT rotation - testing should be rotated amongst all staff, as a check to verify that every staff member can provide a reliable result.

Important note – NEVER send a PT sample out to a reference lab. This is considered cheating and could result in the lab losing it's CLIA license (ability to perform lab testing).

We should have all of our test records in order. Copies of the test logs should be kept in the PT book. PT records need to be kept for 2 years.

When we get good scores on our Proficiency testing it should give us confidence that we are doing good work in the lab and we can trust our results. PT results should be shared with staff, and staff need to sign off that they reviewed the results.

For more information regarding Proficiency testing, refer to your Proficiency Testing Policy.