ACL Laboratories
Every Sample is a Life™

Test Bulletin

August 2017

ACL Laboratories Discontinues Obsolete Tests

Effective Wednesday, August 23, 2017, the following tests have been deemed obsolete by Advocate's Clinical Effectiveness Laboratory Steering committee, Aurora's Hospital Inpatient Efficiency and Patient Safety Steering committee and ACL's Clinical Effectiveness Implementation team. Recommended alternative tests are identified in the chart below.

Obsolete Test Order Code	Obsolete Test Name	Alternative Test Order Code	Alternative Test Name
AMYISO	Amylase Isoenzymes	LIPA	Lipase
CDCULT	Clostridium difficile Culture with Reflex	CDPCR	Clostridium difficile Toxin, PCR
CKISO	Creatine Kinase Isoenzymes	TROPI	Troponin I, Ultra Sensitive
FECFAT	Fecal Fat, Quantitative	CELSCR or CELSR2	Celiac Disease Screen Over 2 yr or Celiac Disease Screen Under 2 yr
LDISO	Lactate Dehydrogenase Isoenzymes	TROPI	Troponin I, Ultra Sensitive
CMBP	Myelin Basic Protein, CSF	MSCSF	Multiple Sclerosis Panel with CSF
PAPH	Prostatic Acid Phosphatase	PSA	Prostate Specific Antigen
RTICAB	Reticulin Antibody, IgA with Reflex to Titer	TTABAP and/or TTABGP	Tissue Transglutaminase Antibody, IgA and/or Tissue Transglutaminase Antibody, IgG

ACL Laboratories Offers Growth Hormone Panel and Additional Draws

Effective Wednesday, August 23, 2017, ACL Laboratories will offer a Human Growth Hormone Panel (Test Order Code GHPNL). The panel will consist of a baseline specimen and three additional specimens (+1 draw, +2 draw and +3 draw). There is a separate test available, Test Order Code GHPAD, for up to five additional draws that may be indicated depending on the clinical study performed.

This panel should be used in conjunction with a glucose suppression test, which is used to diagnose acromegaly or assessment of treatment efficacy and in conjunction with a growth hormone stimulation test used to assist in diagnosis of human growth hormone deficiency. Since growth hormone is secreted in surges, single measurements are of limited diagnostic value. The best diagnostic efficacy is achieved through the use of one of these tests.

The fasting baseline reference range is up to 3.0 ng/mL for males and up to 8.0 ng/mL for females. There are no reference ranges established for the remainder of the collections.

Collection Information:

Patient Preparation: Patient should be fasting prior to blood collection.

Collect: One gold gel 3.5 mL **per draw**. Tube should be labeled with the corresponding draw time.

Transport: 1.0 mL frozen serum **per draw**

Stability: Refrigerated: 8 hours / Frozen: 60 Days

If you have any questions or require further assistance, please contact ACL Client Services at 1.800.877.7016.

Prenatal Testing Guide

Test Order Code	Test(s)	When to Order
ABRHSN	Type (ABO/Rh) and antibody screen	When you need to know ***both*** the patient's blood type and if they have clinically significant antibodies that need to be monitored during pregnancy. This order includes the Test Order Codes ABRH and AS. This test should also be used for patients who are going to receive Rh Immune Globulin in-office. Positive antibody screens with clinically significant antibodies will automatically reflex to an antibody titer.
ABRH	Type (ABO/Rh)	When you ***only*** need to know the patient's blood type (ABO and/or Rh).
AS	Antibody screen	When you ***only*** need to know if the patient has clinically significant antibodies that need to be monitored during pregnancy. Positive antibody screens with clinically significant antibodies will automatically reflex to an antibody titer.
TTR	Antibody titer	When you need to monitor the relative level of a clinically significant antibody throughout pregnancy. This test will be canceled if the antibody screen is negative, even if the patient has a history of a clinically significant antibody. Positive antibody screens with clinically significant antibodies will automatically have a titer performed.
PRENF	Prenatal Father (red cell antigen typing)	When you need to know if the presumed father possesses the antigen that the mother has made an antibody to, to determine the likelihood that the fetus (or future fetuses) will have the antigen. You must provide the mother's information (name and DOB), as well as the antigen you would like the father typed for.

Notes:

1. It is not possible to order only Rh typing on a patient. If you are only interested in Rh status, order ABRH.
    a. RH Phenotype (Test Order Code RHPT) is a commonly misused test order code. This should be used for sickle cell patients ***only and not*** prenatal patients or presumed fathers.
2. Do not order ABRH and AS separately if you need both tests. Use Test Order Code ABRHSN.
3. Rh Immune Globulin Workup (Test Order Code RHW) is ***not*** the correct test for prenatal outpatients. Use Test Order Code ABRHSN.

First Trimester Prenatal Screen (Test Order Code FTPSCN) Update

Effective Wednesday, August 23, 2017, the patient gestational age range for First Trimester Prenatal Screen (Test Order Code FTPSCN) has been updated as outlined in the chart below.

Patient Gestational Age Range

Current Gestational Age Range	New Gestational Age Range
9 weeks 0 days and 13 weeks 6 days	11 weeks 1 day and 13 weeks 6 days

Patient Preparation: Patient's gestational period must be between 11 weeks 1 day and 13 weeks 6 days.

First trimester prenatal screening instructions:

- Complete an ACL Laboratories requisition or electronically place an order for the Test Order Code FTPSCN.
- Complete the Prenatal Screening Requisition Form in full with clear printing.
- Ensure that the patient signs and dates the bottom of the Prenatal Screening Requisition Form.
- Enter the patient's first name, last name and date of birth on the peel away specimen label(s) exactly as they appear on the requisition form.
- Collect the appropriate sample(s) for the test(s) ordered on patient 11 weeks 1 day to 13 weeks 6 days gestation by capillary fingerstick collection.
    - Wipe away the first drop of blood.
    - Lower the hand to increase blood flow and allow a second larger drop of blood to form. When the drop is large enough and it appears ready to roll, touch the underside of the card to the blood drop so the blood soaks into one of the circles.
    - Use one large drop until all circles have been spotted. Do not overlay multiple drops of blood.
- Completely fill all five circles with blood.
- Allow circles to dry before folding flap over circles.
- Peel off the specimen labels(s) and place one label on each of the specimens to be submitted.

For additional information regarding this test, as well as specimen collection requirements, please contact ACL Client Services at 1.800.877.7016 or visit our website at www.acllaboratories.com/test-catalog/.

New Referral Testing Order Codes

Test Description	Current Test Order Code	New Test Order Code	Specimen Type	Preferred Volume	Tube Type	Temperature to Transport	Instructions	Notes/Comments
Voriconazole	VORCON	VORIC	Serum	2.0 mL	Red Top	Refrigerated	Spin down within 2 hours of draw.	This test is now being performed at Mayo Laboratories.
Aspergillus Galactomannan	ASGALS	ASPAG	Serum	1.5 mL	Gold Gel	Refrigerated	Do not aliquot. Send Original Tube. Avoid exposure of specimen to atmosphere. Samples cannot be shared with multiple tests. Add on testing is not acceptable.	Performing Laboratory has added Aspergillus Galactomannan Qualitative BAL to testing.
Fatty Acid Profile Essential	REF777/CFA	FATACD	Plasma	0.5 mL	Green (Sodium/ lithium heparin)	Frozen	Transfer 0.5 mL plasma or serum to an ARUP standard Transport Tube. Freeze Immediately.	Fatty Acid Profile Essential (FATACD) test for all ages, including under age 2.

Test Description	Current Test Order Code	New Test Order Code	Specimen Type	Preferred Volume	Tube Type	Temperature to Transport	Instructions	Notes/Comments
Pain Management Drug Panel	No Code	DRGPM2	Random Urine	8.0 mL	Sterile Container	Refrigerated	Transfer 4.0 mL urine with no additives or preservatives into two (2) ARUP Standard Transport Tubes each. Specimens exposed to repeat freeze/thaw are unacceptable.	
Pain Management Drug Screen with Interpretation	No Code	DRUGPM	Random Urine	8.0 mL	Sterile Container	Refrigerated	Please provide the patient's current medications (include trade name, generic name, dosing frequency and date of last dose, if known). Alternatively, please indicate if no prescription medication or drugs are being taken. Transfer 4.0 mL urine with no additives or preservatives into two (2) ARUP Standard Transport Tubes each. Specimens exposed to repeat freeze/thaw are unacceptable.	
Opiates Urine Quantitative	No Code	OPIATU	Random Urine	0.5 mL	Sterile Container	Refrigerated	Transfer urine with no additives or preservatives to an ARUP Standard Transport Tube Specimens exposed to repeated freeze/thaw are unacceptable.	

Referral Testing Order Code Inactivation

21-Hydroxylase Gene (CYP21A2), Full Gene Analysis (Test Order Code 21GENE) – Cleveland Clinic Laboratories (CCL) inactivated 21GENE order code and recommended Hydroxylase Gene (CYP21A2), Full Gene Analysis (CCL Test Order Code 21GENA). 21GENA is ***not*** an orderable code at ACL Laboratories. For additional information, please contact ACL Client Services at 1.800.877.7016.

Referral Testing Order Code Modifications

Drug Detection Panel, Umbilical Cord, Qualitative (Test Order Code UMBDRG) – ARUP Laboratories has removed Opioids, Umbilical Cord (UMBOPI); Stimulants, Umbilical Cord (UMBSTM); Sedatives –Hypnotics, Umbilical Cord (UMBHYP); Phencyclidine, Umbilical Cord (UMBPCP); and Other, Umbilical Cord (UMBOTH) from testing and will no longer be reported under Test Order Code UMBDRG .

Poliovirus Neutralization (Test Order Code PANEUT) – Cleveland Clinic Laboratories has removed Poliovirus Type 2 (POL2) from testing and will no longer be reported under Test Order Code PANEUT. Centers for Disease Control and Prevention (CDC) communicated that all poliovirus type 2 (PV2) materials, including wild poliovirus type 2 (WPV2), vaccine-derived poliovirus type 2 (VDPV2), and Sabine type 2 – related poliovirus, are subject to containment in order to prevent accidental reintroduction of PV2 into communities again.

NMO Aquaporin 4 IgG, Serum (Test Order Code NMOA4) – Cleveland Clinic Laboratories has added a NMO/AQP4 Titer Serum (Test Order Code NMTRFX) reflex to testing panel. Reflex test will be performed at an additional charge, if applicable.

NMO Aquaporin 4 IgG, CSF (Test Order Code FNMOA4) – Cleveland Clinic Laboratories has added NMO/AQP4 FACS Titer CSF (Test Order Code NMCRFX) reflex to testing panel. Reflex test will be performed at an additional charge, if applicable.

Phospholipid Antibody Panel (Test Order Code APLPNL) Update

Effective Wednesday, August 23, 2017, ACL Laboratories Phospholipid Antibody Panel (Test Order Code APLPNL) will include testing for Beta 2 Glycoprotein I antibodies(anti B2GPI). Currently, the Phospholipid Antibody panel includes the Lupus Anticoagulant and Cardiolipin antibody panels.

The anti B2GPI assay has a high specificity for Antiphospholipid Syndrome and in some cases (3-10%), may be the only test that is positive*. The Beta 2 Glycoprotein I Panel includes testing for IgA, IgG and IgM antibodies.

*Miyakis s et al, International consensus statement on an update of the classification criteria for definite antiphopholipid syndrome (APS). *J Thromb Haemost* 2006; 4: 295-306.

Neonatal HSV Screen (Test Order Code NEOHSV) Update

Effective Wednesday, August 23, 2017, ACL Laboratories is implementing a modification to Neonatal HSV Screen (Test Order Code NEOHSV) data entry and patient reporting. The "ask at order entry" question for number of swabs collected is being eliminated, and the number of swabs collected will no longer be reported in the test result. The "ask at order entry" question was created to remind providers to collect multiple swabs for one order. A prompt at order entry has been implemented to more effectively communicate the requirement for multiple swab collection.

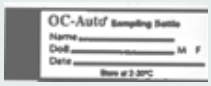
For additional information regarding this test as well as specimen collection requirements, visit ACL Laboratories Directory of Services at acllaboratories.com/test-catalog/ or contact ACL Client Services at 1.800.877.7016.

ACL Laboratories Sample Collection for Fecal Occult Blood (Test Order Code IFOB)

ACL Laboratories has rejected many IFOB kit samples because the specimens are not labeled with ***any*** patient information. Improperly labeled specimens will ***not*** be tested. The specimen must be labeled with full patient name, date of birth ***and*** have an ACL requisition included when the specimen is returned to the laboratory. Since the IFOB kit is sent home with the patient, it is imperative that the provider add the patient information on the kit ***prior*** to giving the kit to the patient. Patient collection instructions are provided below.

Collect the stool sample before contact with the toilet bowl water. You may use any clean, dry container. Place collection hat or tissue in the toilet prior to the start of collection. Do not attempt to retrieve the sample from the toilet bowl.

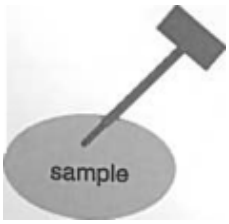
1. Fill in all required information on the sampling bottle.



Full Name (Last, First)
DoB (Date of Birth)
Date and Time of Collection

Open green cap by twisting and lifting.

2. Scrape the surface of the fecal sample with the sample probe.



Cover the grooved portion of the sample probe completely with stool sample.

3. Close sampling bottle by inserting the sample probe and snap green cap on tightly. Do not reopen.

Send or deliver properly labeled specimen to the laboratory.

If the physician laboratory order has been provided, please include this order when returning the specimen to the laboratory.