Advocate Clinical Laboratories
Every Sample is a Life™

Test Bulletin

November 2026

Changes to Collection for Mycobacterial Culture, Blood or Bone Marrow (Test Order Code LAB8966) and Fungal Culture, Blood or Bone Marrow (Test Order Code LAB8965)

Effective Wednesday, November 18, 2026, ACL Laboratories will change the collection container for Mycobacterial Culture, Blood or Bone Marrow (Test Order Code LAB8966) and Fungal Culture, Blood or Bone Marrow (Test Order Code LAB8965). The previous collection tube, Sodium Polyanethol Sulfanate (SPS) blood collection tube (with a yellow cap), is no longer being manufactured by the vendor.

The new collection container is the BD BACTEC Myco/F Lytic Culture Vials. The supply can be ordered in the "Supplies" link on the https://www.acllaboratories.com website. Remove the plastic cap and wipe the septum with an alcohol wipe prior to adding blood or bone marrow to the vial.

Test Name	Picture of new collection container	New Collection Instruction
Mycobacterial Culture, Blood or Bone Marrow (Test Order Code LAB8966)		Blood One Myco/F Lytic bottle (optimal blood volume 3.0-5.0 mL; minimum blood volume >1.0 mL) Bone Marrow One Myco/F Lytic bottle (optimal bone marrow volume >0.5 mL)
Fungal Culture, Blood or Bone Marrow (Test Order Code LAB8965)		Blood One Myco/F Lytic bottle (optimal blood volume 3.0-5.0 mL; minimum blood volume >1.0 mL) Bone Marrow One Myco/F Lytic bottle (optimal bone marrow volume >0.5 mL)

Effective Wednesday, November 18, 2026, the following assay will transition to a send out/referral test.

	Current (Deactivated 11.18.2026)	Replacement (Activated 11.18.2026)
Test Name	Primidone and Phenobarbitol	Primidone and Metabolite
Test Order Code	LAB8216	LAB13605
Performing Lab	ACL Laboratories	ARUP
Specimen Type	Serum	1.0 mL Serum (minimum 0.8 mL)
Collection container	Plain Red	Plain Red
Temperature	Refrigerated	Refrigerated
Stability	7 days	1 week
Methodology	Enzyme Immunoassay	Enzyme Immunoassay
TAT	Final within 24 hours	Final within 3 days

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 https://www.acllaboratories.com/providers/test-directory/.

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ACL Laboratories Updates Criteria for Reporting Multi-Drug Resistant Organisms

Effective Wednesday, November 18, 2026, ACL Laboratories will begin reporting multi-drug resistant organisms (MDRO) with an updated definition. When this change occurs, many organisms that were previously considered MDROs will no longer be labeled as such. These changes have been made in conjunction with the Advocate Health Infection Prevention Committee. Within the Advocate Health Epic system, corresponding updates have been made to the rules placing isolation flags on the patient storyboard.

Organism	Current MDRO Criteria	Updated Criteria
Enterobacterales (e.g. *E. coli, K. pneumoniae, P. mirabilis*, etc.)	MDRO if antibiotic tests are not susceptible in at least 3 of the following 5 antibiotic categories: • 3rd/4th Gen. Cephalosporins • Piperacillin/Tazobactam • Carbapenems • Aminoglycosides • Fluoroquinolones	MDRO if testing not susceptible to at least 1 carbapenem*
Gram-Negative rods other than *Enterobacterales* (e.g. *P. aeruginosa*, *A. baumannii,* etc.)	MDRO if antibiotic tests are not susceptible in at least 3 of the following 5 antibiotic categories: • 3rd/4th Gen. Cephalosporins • Piperacillin/Tazobactam • Carbapenems • Aminoglycosides • Fluoroquinolones	No Change
Burkholderia cepacia Complex, *Stenotrophomonas maltophilia,* and *Elizabethkingia* sp.	Automatically considered MDRO due to significant intrinsic antibiotic resistance	Will no longer be labeled as an MDRO, regardless of susceptibility profile
Methicillin Resistant *Staphylococcus aureus* (MRSA)	Any *S. aureus* isolate testing not susceptible to oxacillin or cefoxitin	No Change
Vancomycin-Resistant *Enterococcus sp.* (VRE)	Any *Enterococcus* sp. testing not susceptible to vancomycin	VRE will no longer be labeled as an MDRO
Streptococcus pneumoniae	Any *S. pneumoniae* isolate testing not susceptible to ceftriaxone	*S. pneumoniae* will no longer be labeled as an MDRO, regardless of susceptibility profile

*Organisms will be tested for presence of a carbapenemase gene. If testing is negative, organisms will be labeled as MDRO. If a carbapenemase gene is detected, organism will be labeled with the specific carbapenemase mechanism that is present rather than MDRO (e.g. "Klebsiella pneumoniae carbapenemase Producing Organism" rather than "Multi-drug Resistant Organism").

For additional information, please contact Eric Beck, Clinical Laboratory Director – Microbiology (eric.beck@advocatehealth.org).

For additional information regarding these tests, as well as specimen collection requirements, please contact ACL Client Services at 1.800.877.7016 or visit our website at https://www.acllaboratories.com/providers/test-directory/.

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ACL Laboratories Discontinues Antibiotic Susceptibility Testing on *Burkholderia* SP.

Effective Wednesday, November 18, 2026, ACL Laboratories will no longer perform antimicrobial susceptibility testing on bacteria in the genus *Burkholderia*, including *B. cepacia* when isolated from patient cultures. This will apply for any microbiology culture performed at ACL regardless of the culture order or specimen source.

The decision to discontinue this testing follows recent guidance from the Clinical and Laboratory Standards Institute (CLSI). CLSI has recommended discontinuation of testing because the results from antimicrobial susceptibility testing are often inconsistent and do not directly correlate with clinical outcomes.

For additional information, please contact Eric Beck, Clinical Laboratory Director – Microbiology (eric.beck@advocatehealth.org).

ACL Laboratories Updates Criteria Used for Identifying Contaminants in Blood Cultures

Effective Wednesday, November 18, 2026, ACL Laboratories will update the list of organisms that are considered possible blood culture contaminants.

Blood culture contaminants are generally found on the skin and may yield a positive blood culture following incomplete disinfection of the phlebotomy site rather than from a true bloodstream infection. When found in only one blood culture set, they are generally considered to be a contaminant of the collection process and susceptibility testing is not performed. When found in multiple blood culture sets, these organisms are considered to be clinically relevant and susceptibility testing will be performed.

ACL will begin utilizing the National Healthcare Safety Network's (NHSN) list of common commensal organisms (with a few exceptions). ACL's current definition is similar to the NHSN list, and this change should have minimal impact on facility blood culture contamination rates. ACL reviewed 2.5 years of blood cultures (approximately 750,000 blood cultures) and found that the overall blood culture contamination rate would be increased from 1.74% to 1.76% if using the new definition.

For additional information, please contact Eric Beck, Clinical Laboratory Director – Microbiology (eric.beck@advocatehealth.org).

ACL Announces Revisions to Significant Lab Result Criteria

Effective Thursday, November 19, 2026, ACL Laboratories recently updated its call policy for Significant laboratory results, with several results no longer requiring verbal communication by the laboratory.

In response to feedback, ACL is issuing a clarification and update to the previously released March 2026 Test Bulletin.

For Methicillin-resistant *Staphylococcus aureus* (MRSA), multiple drug-resistant organisms (MDRO), and Vancomycin-resistant *Enterococcus* (VRE) from non-critical sources, ACL is clarifying the footnote from the previous bulletin regarding critical sources. ACL will continue to call providers when these organisms are identified from critical sources, before susceptibility testing is completed. No additional call will be made after susceptibility results are finalized, even if results indicate MRSA, MDRO, or a VRE. Providers will be notified that the organism is present in a critical source, but not of the susceptibility profile.

For *Streptococcus pyogenes*, outpatient results will no longer be called unless identified in blood, bone, or sterile fluids. Notification of positive S. pyogenes cultures for inpatients will remain unchanged.

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ACL Laboratories Updates Pediatric Reference Ranges for T and B Cell Subset Testing

Effective Thursday, November 19, the pediatric reference ranges for T and B cell subset testing will be updated. The tests that will be affected by this update are CD4 Count (Test Order Code LAB10202), CD3 Count Transplant (Test Order Code LAB10203), CD4/CD8 Count (Test Order Code LAB10204) and T Subset and B Cell Quantitative (Test Order Code LAB10201). These pediatric reference ranges have been updated based on research studies and benchmarking against other clinical laboratories to more accurately represent the local pediatric population.

ACL Laboratories Announces Blood Culture Bottle Conversion

Effective December 2026, bioMérieux will discontinue manufacturing BacT/Alert SA (blue cap) aerobic bottles and BacT/Alert SN (purple cap) anaerobic bottles. There will be no changes to the BacT/Alert PF (Pediatric-yellow cap) bottles.

ACL Laboratories will replace the BacT/Alert SA bottle (blue cap) with the BacT/Alert FA bottle (green cap). The BacT/Alert SN bottle (purple cap) will be replaced with the BacT/Alert FN bottle (orange cap). During this bottle conversion, continue to use the BacT/Alert SA (blue cap) and BacT/Alert (purple cap) until your supply is depleted or bottles expire, whichever occurs first.

Current product description	Current product picture	Current product SKU #	New Product description	New product picture Effective 12.2026	New product SKU #
BacT/Alert SA (blue cap)		259789	BacT/Alert FA (green cap)		410851
BacT/Alert SN (purple cap)		259790	BacT/Alert FN (orange cap)		410852

It is not necessary to convert to both new bottles at the same time. The blue cap bottle is interchangeable with the green cap bottle. The purple cap bottle is interchangeable with the orange cap bottle. Always begin collecting with the aerobic bottle (either BacT/Alert SA (blue cap) or BacT/Alert FA (green cap).

If you deplete your supply of purple cap bottles first but still have supply of blue bottles, you can pair the orange bottle with the blue bottle. Similarly, if you deplete your supply of blue cap bottles first but still have supply of purple cap bottles, you can pair the green bottle with the purple bottle.

Note: The new bottles contain resin in the liquid that appears as particulate matter. This particulate matter is expected to be present in the new bottles.

For additional information regarding these tests, as well as specimen collection requirements, please contact ACL Client Services at 1.800.877.7016 or visit our website at https://www.acllaboratories.com/providers/test-directory/.

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See below for acceptable bottle combinations for adult blood culture collections during the transition:

Blue and Purple	Blue and Orange	Green and Purple	Green and Orange
			

To avoid possible supply issues during the yearend holiday season, please place your first orders of the BacT/Alert FA (green cap) and BacT/Alert FN (orange cap) during the week of 11/30/2026-12/4/2026.

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