



Monthly Update



February
2018



Change to Lead testing

Due to a fatal malfunction with the lead testing analyzer at the OSF System Laboratory, all testing for lead is being forwarded to Mayo Medical Laboratories until further notice. LEAD6 (LAB1249) is no longer orderable, with the replacement test being PBDB (LAB4841). Either a Tan top tube or a Royal Blue top tube are acceptable. Tan top tubes are more readily available and require less specimen. If you submit utilizing a paper requisition, you must also include the Mayo Lead/Heavy Metals Reporting Form which is available on Mayo's website. If you order utilizing Epic or Atlas, there is no need to fill out the form as the questions are all asked when ordering. Pricing will reflect Mayo's charge for the test.

Forwarding the testing to Mayo is a temporary inconvenience, as we have purchased a replacement analyzer. The new analyzer is due in our lab in a couple weeks and once validation has been completed, we will once again be performing the test in-house.

Please contact your client representative with any questions.

New swab kit for CGPRB (Female)

We have begun phasing out the supply of the old female collection kits (swabs) for *Neisseria gonorrhoea* and *Chlamydia trachomatis* testing. As we begin to fulfill supply orders with the new swab kits, please continue to use any old kits you have, as they are still acceptable. Once all the old stock is depleted, begin using the new kits. The Supply Order Form has been updated with the new swab description. Please utilize the new order form(s) when ordering.

System Lab to perform USTREP

The OSF System Lab has begun performing the USTREP test, which tests for the *Streptococcus pneumoniae* antigen. It requires a urine sample and can be ordered as USTREP (LAB1684), and will replace the Mayo send out test SPNEU (LAB2152). The test is a qualitative test, resulting as positive or negative.

Please place Vag Screen specimens in sterile cup

Please place the specimen vial for the Vag Screen test (VAGSCR) in a sterile cup after labeling the specimen, and place the sterile cup in a specimen bag. Remember, the patient identifiers must be on the specimen vial, not on the sterile cup. By placing the specimen in the cup, it protects the sample from loss or damage. Specimens

should be transported at room temperature.



Client Reps:

Sabrina Mullins (309) 624-9144
Raechel Pfahl (309) 624-9100

Supervisor Sales and Marketing:

Gregg Simpson (309) 624-3927

Outreach Manager:

Michael Cohlman (309) 624-9042

New tests and test changes

On January 10th, OSF made the following test changes:

IL6, Interleukin 6, plasma, Mayo IL6 (LAB4856) was turned on and Mayo FIL6H was turned off.

AHDV, Hepatitis D virus total antibodies, serum, Mayo AHDV (LAB4831) was turned on and Mayo FHEDA was turned off.

HBVQN, Hepatitis B virus (HBV) DNA detection and quantification by Real-Time PCR, serum, Mayo HBVQN (LAB4857) was turned on and Mayo HBVQU was turned off.

On January 23, OSF turned on Mayo test CDG, Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation, Serum, Mayo CDG (LAB4836)

On January 30th, OSF turned on USTREP, Streptococcus pneumoniae Antigen, Urine, USTREP (LAB1684) and turned off Mayo SPNEU.

On January 31st, OSF turned on Mayo test LNBAB, Lyme CNS Infection IgG with AI reflex, Mayo LNBAB (LAB4865) and turned off Mayo FBBAB. The reflex test is LNBAI.

Questions about your bill?

If you are an Outreach lab client and have a billing-related question, please follow the first step, which is to contact our Patient Accounts and Access Center billing department at (309) 683-6750. The PAAC billing agents will be happy to assist you with your inquiry.

BEST Testing: Case Study on Syphilis

By John J. Farrell, M.D.

A 41 year old woman with no significant past medical history presented to her primary care physician with a non-pruritic, painless whole body rash, that included palms, soles and oral pharynx. She had a negative screening for syphilis (an RPR at an outside lab) and was diagnosed with Becher's and prescribed antiseptic mouthwash. The rash gradually subsided and oral ulcers resolved.

One year later, she was contacted by her boyfriend, who notified her that he had tested positive for syphilis. She immediately went to an OSF prompt care for testing and was found to have a positive syphilis IgG. Subsequent reflex testing found she had an RPR that was positive at >1:128. She was referred to the OSF Infectious Disease Office and seen by an infectious disease specialist who determined that she had actually had classic secondary syphilis when she was originally evaluated by her primary provider for her whole body rash. Her RPR had been falsely negative at the outside lab due to prozone phenomena. Upon questioning, it was revealed that the whole body rash had developed 6 months following her separation from her ex-husband. If she had been screened initially with the syphilis IgG as recommended by the CDC, she would have been diagnosed with secondary syphilis and her treatment would have been much simpler and more straightforward. Instead, she was not diagnosed until she had late latent syphilis, which requires weekly intra-muscular injections of Procaine benzylpenicillin (2.4 Million Units) every week for three weeks.

In 2016, OSF HealthCare Saint Francis Medical Center System Laboratory initiated a reverse algorithm for testing for *Treponema palladium* to coincide with CDC guidelines. The BioPlex® 2200 uses Luminex™ methodology to provide measurement of syphilis anti-IgG antibody levels using a fully automated random access analyzer. All positive syphilis IgG tests will reflex to RPR (with titer) for confirmation of diagnosis. This test sequence is more specific and ultimately decreases turnaround time. Patients with known history of syphilis infection may continue to follow with serial RPR tests as in the past with the current test.

Syphilis IgG (LAB4611) with reflex to RPR is performed at the OSF HealthCare Saint Francis Medical Center System Laboratory on the BioPlex® 2200 multiplex flow cytometry platform, with results available within 48 hrs (Stat results within 40 minutes). Additional information about syphilis IgG testing on the BioPlex® and the syphilis algorithm can be viewed [here](#).

Welcome OSF HealthCare Sacred Heart Medical Center and OSF HealthCare Heart of Mary Medical Center

The OSF HealthCare Saint Francis Medical Center System Laboratory would like to welcome everyone in the OSF HealthCare Sacred Heart Medical Center Laboratory in Danville and OSF HealthCare Heart of Mary Medical Center Laboratory in Urbana.

Did you know:

A one minute kiss burns 26 calories and you burn more calories sleeping than you do watching television.

25% of the bones in your body are found in your feet

In a deck of playing cards, the king of hearts is the only king without a mustache.

Apples are more effective at waking you up in the morning than coffee is.

The hyoid bone in your throat is the only bone in your body that is not attached to another.

Grapes explode when you put them in a microwave oven.

A group of frogs is called an army.

Women blink twice as much as men.

You are more likely to be killed by a champagne cork than by a poisonous spider.

did-you-knows.com



Keep in mind...

“Pretend that every single person you meet has a sign around his or her neck that says, ‘Make me feel important.’ Not only will you succeed in your work, you will succeed in life.” - Mary Kay Ash