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# ALLINA MEDICAL LABORATORIES UPDATE

## FEBRUARY 2006

### BILLING AND COMPLIANCE

#### ❖ BILLING REMINDERS

*For all minor patients please be sure to include the guarantor or responsible party and the relationship to the patient. Example Jenny Doe date of birth 09-19-1996. Responsible party is mother Jane Doe at the same address.*

*Diagnosis codes should include the 4th and 5th digit when applicable. Most codes require the 4th with many going to a 5th as well. Examples: Embolism is not specific at 453 you need the 4th digit to give location and the 5th even with certain locations. Many times a 0 and 9 can be used as a non specified or multiple locations. For more details please consult your 2006 ICD-9 coding book.*

*Diagnosis codes should be visit specific so that when a patient presents for a specific reason that the general codes is not used as the sole diagnosis. Rule out \_\_\_\_\_ and screens are not acceptable diagnosis. Examples: A diabetic patient presents with abdominal pain. The 250.00 is not the reason for the UA but the 789.00 abdominal pain is the code that should be used to code the lab visit.*

### CONTINUING EDUCATION

#### ❖ THE PATHOLOGY OF BENIGN AND MALIGNANT BREAST DISEASE COMING IN APRIL

AML Continuing Education is pleased to announce our first CEU offering of 2006.

On Tuesday April 4<sup>th</sup>, Tamara J Lillemoe, MD, will be speaking on the pathology of benign and malignant breast disease. Her presentation will describe benign and malignant breast pathology for the non-pathologist, discuss fibrocystic disease and what this encompasses, show common breast abnormalities (benign and malignant), address risk factor lesions associated with the possible development of breast cancer and show various prognostic tests and findings that help determine breast cancer treatment.

This event, held in Auditoriums A&B of the Education Building on the Abbott Northwestern campus, will begin with registration and a light supper at 6:00pm and the presentation will be from 6:30-7:30pm.

Watch for more registration information coming to your mailbox soon!

## CYTOLOGY

### ❖ OPTIMIZING THIN PREP PAP SPECIMEN ADEQUACY

Occasionally, a Thin Prep Pap is assessed as “unsatisfactory for evaluation due to scant cellularity”. Nationally, labs are reporting an unsatisfactory rate for Thin Preps of less than 2%. Allina’s cytology lab shows a similar unsatisfactory rate. Sometimes patient factors, such as atrophy, will result in an unsatisfactory Pap test. However, optimizing specimen collection technique and avoidance of lubricants can make a dramatic difference in reducing the number of unsatisfactory Paps. The following are suggestions for optimal collection technique:

- Do **not** remove mucus, discharge or blood from the cervix with a swab prior to collecting the Thin Prep Pap test. This practice may remove a significant amount of cellular material resulting in a scanty sample.
- Use a cytobrush and spatula. Published reports have shown that this combination collects the most cells and is best for obtaining the endocervical/transformation zone component (EC/TZ). Use of the cytobroom has been reported to show a lower EC/TZ recovery and we do not recommend its use.
- Vigorously twirl the brush and spatula in the liquid at least ten times. Push the brush against the side of the vial to remove any mucus. Use the spatula to mechanically remove mucus and cells from the cytobrush.
- Advise patients to avoid use of any type of lubricant for 72 hours prior to having their Pap test.
- Avoid lubricant when collecting the Pap. Residual lubricant can interfere with the cytobrush and spatula in acquisition of cervical cells. Also, lubricant may create a potential immiscible interface with the alcohol based liquid Pap solution, leading to potential agglutination and cellular loss.

#### **Follow-up Recommendations for an Unsatisfactory Pap**

- A repeat Pap within two to four months is the preferred follow-up in most situations.
- If the unsatisfactory result is due to obscuring inflammation and an organism is identified, specific treatment can be given before repeating the Pap.
- If the Pap test is repeatedly unsatisfactory due to obscuring blood, inflammation, or necrosis, additional clinical evaluation, such as colposcopy or biopsy, may be helpful.

## **Thin Prep Paps with No EC/TZ Component**

Multiple retrospective longitudinal cohort studies have shown that patients with Paps lacking EC/TZ cells are not more likely to have squamous lesions upon follow-up than are patients with EC/TZ cells. Retrospective case-control studies have failed to correlate false-negative Pap reports and lack of EC/TZ cells or partially obscuring factors. Finally, a study that looked specifically at liquid cytology showed no difference in the technology's ability to detect CIN2-3 whether EC/TZ was present or not. Therefore, early repeat testing of women whose Pap smears are negative but lack an EC/TZ is not justified.

### **Follow-up Recommendations for a Pap with No EC/TZ**

- Pap follow-up in 12 months for women with a negative Pap smear and no EC/TZ.
- A 6 month follow-up may be warranted in some situations, such as previous atypical Paps, inability to visualize the cervix, inability to obtain an adequate sample, immunosuppression, or history of insufficient frequency of previous screening.

***For more information or questions, please call Dr. Carol J. Larson, Allina Cytopathology Laboratory Director, at 612-863-7537.***

#### References:

Davey DD, Austin RM, Birdsong G, et al. ASCCP patient management guidelines: Pap test specimen adequacy and quality indicators. J Lower Gen Tract Dis. 2002;6:195-199. Also published in Am J Clin Pathol. 2002;118:714-718.

Tibbs RF, Wong JY, Logrono, R. Enhancing recovery of endocervical component on gynecologic cytology specimens processed by Thin-Layer Technology. Acta Cytol 2003;47:172-176.

Mitchell HS. Longitudinal analysis of histologic high-grade disease after negative cervical cytology according to endocervical status. Cancer Cytopathology 2001;93:237-240.

Selvaggi S M, Guidos BJ. Specimen adequacy and the Thin Prep Pap Test Diagn. Cytopathol. 2000;23:23-26.

Mao,C. Do liquid-based Pap smears need a transformation zone component? Cont OB/GYN 2003;48:78-83.

## MICROBIOLOGY

### ❖ RSV TESTING

AML Microbiology and Sendouts departments have noticed confusion in regards to RSV testing. Following is a summary of the testing available, specimens, transport containers and turn around times.

RSV TESTS				
Test #/ Code	Test	Testing Site	Specimens	TAT
6533/ RSV	RSV, Rapid Ag	AML	<p><b>Collect:</b> Nasopharyngeal washing in sterile container</p> <p><b>Alternate collection:</b> Nasopharyngeal minitip bacterial culture swab</p> <p><b>Unacceptable:</b> UTM-RT</p> <p>If a backup culture is requested for a negative result on a swab, a separate NP swab in UTM-RT is required.</p>	1 day
6624/ RSD	RSV DFA	ViroMed	<p><b>Collect:</b> 2 nasopharyngeal swabs or nasal swab in (one) UTM-RT **</p> <p><b>Alternate Collection:</b> Endotracheal tube aspirate in sterile container.</p>	1-2 days
7635/ VGC	RSV Culture	ViroMed	<p><b>Collect:</b> Nasopharyngeal swab or nasal swab in UTM-RT **</p> <p><b>Alternate Collection:</b> Endotracheal tube aspirate in sterile container.</p>	2-14 days

\*\* Although ViroMed has transitioned to UTM-RT and the preferred specimen transport is indicated above, this specimen source may be submitted in M4 Viral Transport Media, if available.

NP washings and Endotracheal tube aspirate specimens can ONLY be transported in a sterile container with no transport media.

## ❖ GC AND CHLAMYDIA TESTING UPDATE

Effective immediately, the only specimens that Allina Medical Laboratories will accept for GC and Chlamydia Probe testing are:

Female:

- Blue shafted endocervical swab in a Gen-Probe Aptima transport media
- Urine in Gen-Probe Aptima urine transport tube filled to the appropriate quantity

Male:

- Blue shafted urethral swab in a Gen-Probe Aptima transport media
- Urine in Gen-Probe Aptima urine transport tube filled to the appropriate quantity

*The specimens listed above are the only acceptable specimens for GC and Chlamydia Probe testing.*

*To ensure quality test results for your patients, AML WILL REJECT: Urines in sterile containers or containers other than adequately filled Gen-Probe Aptima containers, swabs received in M4 media, and transport tubes with no swabs, two swabs or white swabs These specimens will not be sent to any other referral laboratory and will not be returned to your laboratory.*

## ❖ UPDATED SUSCEPTIBILITY TESTING PANELS

Due to new instrumentation, new susceptibility testing panels have been put into use at AML. These panels have been reviewed and approved by the Allina Infectious Disease Task Force.

For your convenience, a copy of the current panels has been included at the end of this newsletter.

## SENDOUTS

### ❖ PTH TESTING CHANGES

Effective immediately, Quest Diagnostics has discontinued offering the PTH Bio Intact (C-Terminal Mid-Molecule) due to unavailability of reagents. There is currently no estimated time at which this test will become available.

All orders received for this test will be changed to the PTH Intact with Calcium (2317/PTH). Information regarding this test is included below:

<b>Test Name:</b>	<b>PTH INTACT WITH CALCIUM</b>
<b>Test Number:</b>	2317/PTH
<b>Collect:</b>	2 ml Frozen Serum
<b>Container:</b>	Plastic Transfer Vial
<b>Processing:</b>	Spin, Separate and Freeze
<b>Transport/Stability:</b>	Frozen; Stable 2 days Refrigerated; Stable 8 hrs at Room Temp
<b>Alternate Names:</b>	Parathyroid Hormone, Parathormone, PTH whole molecule, N-terminal
<b>Performing Lab:</b>	AML
<b>Days Set Up:</b>	M - Sa
<b>Expected TAT:</b>	1 - 2 days
<b>Ref. Ranges:</b>	PTH Intact: 15-65 pg/ml; Calcium: 8.5-10.5 mg/dl
<b>Collection/ Processing Details:</b>	Fasting specimen preferred. Includes calcium. Serum is preferred specimen. Heparized plasma has been found to contain interfering substances causing delay in testing. Label tube: SERUM.
<b>CPT Codes:</b>	83970

### ❖ ALLERGEN REPORTING CHANGES

AML has received notice that effective immediately, Quest Diagnostics has changed the way that they report Allergen testing results.

Quest still reports the kU/l but has added CLASS in place of the % value. The new allergy testing results are filing across the AML computer interface without incident. Because of this, the result that is populating the % field is actually the class. These reports are being monitored on a regular basis, and a comment is being entered that reads:

*Percentage is NOW CLASS; See ref range at bottom of report.  
<71 ref range does not apply.*

The Reference Ranges included on the report are correct. Allina LIS will make every attempt to change the item description as soon as possible.

Please accept our apologies for any inconveniences that this may cause to you or your patients.

❖ **MN DEPARTMENT OF HEALTH HEPATITIS B TESTING ALERT**

Allina Medical Laboratories has received calls from several of our clients indicating that they had received notice of possible false negative Hepatitis B Surface Antigen (HBsAg) results due to a reagent problem with the VITROSa HBsAg confirmatory serologic test manufactured by Ortho Clinical Diagnostics.

We have contacted the Memorial Blood Center, which performs our hepatitis testing, and have confirmed that they do not use this reagent in their laboratory. Any HBsAg testing submitted to AML for testing is NOT affected by this reagent recall.

❖ **PROINSULIN REFERENCE RANGE CHANGE**

Quest Diagnostics has notified AML of the following reference range change:

<b>Test Name:</b>	<b>Proinsulin</b>
Test #/Code:	3553/PRI
Current Ref Range:	<8.9 Females <19.1 Males

NEW Ref Range:	≤ 18.8 ALL
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❖ **RENIN DIRECT TEST UNAVAILABLE UNTIL FURTHER NOTICE**

Renin Direct (5228/RED) is not currently available for order. It has been discontinued at all testing labs as the reagent is not available from the manufacturer. All orders for Renin testing must be changed to Renin Activity (224/REN) until further notice. The AML on-line Collection Manual has been updated to reflect this information.

<b>Test Name:</b>	<b>RENIN ACITIVITY, PLASMA</b>
<b>Test #:</b>	224/REN
<b>Collect:</b>	3 ml Frozen Plasma (EDTA)
<b>Container:</b>	Plastic Transfer Vial
<b>Processing:</b>	Spin, separate and Freeze Immediately
<b>Transport:</b>	Frozen
<b>Alternate Names:</b>	Renin Upright, Renin Supine
<b>Performing Lab:</b>	Quest Diagnostics
<b>Collection/Processing Details:</b>	Patient should be supine or upright for at least ½ hour before collection. Caffeine should be avoided. Measurement is in NG/ML/HR.
<b>CPT Code:</b>	84244-90

## IMMUNOFLUORESCENCE STUDIES

### ❖ SKIN BIOPSY FOR IMMUNOFLUORESCENCE STUDIES

Allina is pleased to offer a Direct Immunofluorescence (DIF) assay for skin biopsies. Skin biopsies, submitted in special fixative ("Zeus medium" available online at [allina.com/medicallaboratories](http://allina.com/medicallaboratories) or by calling customer service at 612-863-4678), are treated with fluoresceinated antibodies and analyzed with a fluorescent microscope.

We have abundant experience in preparing and interpreting DIF specimens, which can be critical in establishing several diagnoses. These conditions include autoimmune bullous diseases (e.g. Pemphigus, Bullous Pemphigoid, and Dermatitis Herpetiformis), connective tissue diseases (e.g. Lupus Erythematosus and Dermatomyositis), and some forms of vasculitis (e.g. Henoch-Schonlein Purpura).

If you are in need of IF Testing Requisitions or a procedure for submitting these specimens to AML, please contact your AML Account Representative.

Technical questions may be directed to: Dr. Rob Werling (612-863-4708) or Dr. Tamera Lillemoe (612-863-4540).

## WEB SITE

### ❖ AML ANDROLOGY LABORATORY

We are pleased to announce that the AML Andrology Laboratory now has information available on our website. You can visit them at [www.allina.com/medicallaboratories](http://www.allina.com/medicallaboratories). Once at the home page, click on the [Andrology Laboratory](#) link under Featured Services.

The Andrology Laboratory link will provide you access to a variety of information including:

- An introduction to the Andrology Laboratory
- Diagnostic Testing
- Artificial Insemination & Sperm Manipulation
- Sperm Freezing
- Discard Form - ANF04A
- Frequent Questions
- Glossary
- Testing Locations & Times
- Andrology Request Form

## HELP US HELP YOU

### ❖ LEAKING SPECIMENS

Please remind all staff to be sure the vials for *all specimen types* are tightly sealed after collection.

We are seeing an increase in leaking ThinPrep pap specimen vials, and the leaking preservative solution from these vials destroys the print on the labels, making them unreadable (Unlabeled/Mislabeled Specimen).

When collecting a viral specimen with a wire shafted mini-tipped swab, the swab must be cut off below the level of the UTM or M4 container lid and must not be wrapped over the edge. If the shaft is wrapped over the edge of the container, the cap can not seal properly, and leaking specimens will be rejected by ViroMed. .

Thank you for your assistance with this matter.

If you have any questions regarding this message, please contact your AML Account Representative.

**THANK YOU FOR CHOOSING ALLINA MEDICAL LABORATORIES! WE VALUE YOUR BUSINESS!**

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