



## ALLINA MEDICAL LABORATORIES OCTOBER 2009 UPDATE

- NOVEL H1N1 TESTING UPDATE**
- ANDROLOGY**
  - Department Updates
- BILLING AND COMPLIANCE**
  - MML Price Increase Effective November 1<sup>st</sup> 2009
- CHEMISTRY**
  - TSH Pediatric Reference Ranges Adopted
- CONTINUING EDUCATION**
  - Metabolic Causes of Sudden, Unexpected Death
- CYTOLOGY**
  - ThinPrep Vial Brush and Broom Reminder
- MICROBIOLOGY**
  - New Microbiology Test replacing *Clostridium difficile* Toxin A/B
- MOLECULAR**
  - DNA Mismatch Repair Assessment Specimen Reminders
  - HCV RNA-PCR Genotype (2346/HCR) Testing Update
- SENDOUTS**
  - SendOut Test Result Notification Policy
  - New Orderable Tests
  - Hepatitis Specimen Requirement Update
- SUPPLIES**
  - EcoFix O&P Container Cap Change
- WEB SITE**
  - CEU Tapes Available for Checkout
- HELP US HELP YOU**
  - Keeping Your Physician List Current

# ALLINA MEDICAL LABORATORIES UPDATE

## OCTOBER 2009

### NOVEL H1N1 TESTING UPDATE

With the resurgence of Novel H1N1 Influenza A, Allina Medical Laboratories is committed to offering timely updates and information regarding laboratory testing options.

Updated information for the Allina Hospitals and Clinics can be found on the AKN under the H1N1 banner.

Updated information for our non-Allina owned customers can be found on our website at [www.allina.com/medicallaboratories](http://www.allina.com/medicallaboratories).

We encourage all clients to first communicate with the Minnesota Department of Health (MDH) for specific guidance on how to diagnose patients with suspected Novel H1N1 Influenza A <http://health.state.mn.us/divs/idepc/diseases/flu/h1n1/hcp/testing.html#test>

MDH is offering influenza A testing for certain at-risk populations, and can offer direction on which specimens they will accept for testing. Not all patient specimens may be accepted. At this time MDH testing will be limited to only hospitalized patients with influenza like illness (ILI) or swine workers with ILI.

**No testing is recommended for most ambulatory patients with mild febrile illness. Routine testing of ambulatory patients is not recommended or available from the Minnesota Department of Health.**

**At the recommendation of the Allina Clinical Leadership team, effective October 5, 2009, Allina Medical Laboratories suspended the Influenza Antigen testing for lack of clinical applicability.**

CDC recommendations indicate that treatment should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza. CDC recommends that antiviral medications should be initiated as early as possible because studies show that treatment initiated early (i.e., within 48 hours of illness onset) is more likely to provide benefit.

#### **TO SUBMIT A SPECIMEN FOR TESTING:**

Patient specimens that meet the MDH criteria for PCR testing can be sent to MDH through AML with your next available courier. No STAT courier service will be provided by AML for these specimens. NOTE: Specimens submitted to MDH that do not meet MDH criteria or are not accompanied by both completed forms listed below will be retained at the discretion of MDH. *If MDH determines that these patients do not meet the established criteria, these specimens will be discarded.* AML will not know the status of these specimens, and cannot respond to your questions.

All follow up calls should be directed to MDH at 651-201-5414 or 1-877-676-5414.

Please use the following workflow to guide you.

## NOVEL H1N1 TESTING WORKFLOW GUIDE

### 1. COMPLETE FORMS

The ordering physician or provider *must* complete and submit both the

**H1N1 Flu Screening Form.** Please use screening tool preprinted with AML fax number found on our web site to assure correct report distribution.

AND

#### MDH Request for Isolates

<http://www.health.state.mn.us/divs/phl/clin/specimensubmission.pdf>

### 2. SPECIMEN

The preferred specimen is a single 1 Nasopharyngeal (NP) swab. The swab must be Dacron/polyester/synthetic and cannot be cotton.

### 3. CONTAINER

The specimen can be transported in either M4 or M5 viral transport media.

### 4. TEST CODE

Order test Code: H1N  
Name: H1N1 INFLUENZA PCR  
Number: 8281

This test is orderable in Excellian. Non-Allina customers should use manual Clinical requisitions and write H1N in Additional Test Box

### 5. TRANSPORT

Specimens should be transported refrigerated. These specimens can be sent with your regular AML courier for transport to the MDH Laboratory.

### 6. REPORTS

Results will be reported through your normal report distribution process.

### 7. SUPPLIES

In order to ensure adequate numbers of supplies for the testing we will be offering only limited numbers of supplies for use in collection of these specimens at this time. We will only supply 10 NP swabs and 10 M4 (Blue top) tubes/order. To expedite the distribution of these supplies, please use the AML Flu Supply Order Form available on our website. Do not use the online supply catalog to order these flu supplies. This applies to H1N1 flu supplies only.

We will not supply any stat couriers to transport supplies to clients. Any M4 or M5 media currently in stock in your clinic can be used to transport these specimens.

If you have any questions regarding this process, please contact AML Customer Service at 612-863-4678, Option 1.

## ANDROLOGY

### ❖ Department Updates

*This message was originally distributed by US Mail to our Andrology clients, and was also published in the August/September edition of our Update Newsletter; however, we continue to receive concerns from clinic providers who have not received the notification regarding our changes. Please share this message with your providers who may refer patients to Allina Medical Laboratories for Andrology testing.*

We would like to make our clients aware of two changes that have taken place within the AML Andrology department.

First, the Andrology laboratory located at Abbott Northwestern Hospital has moved to a new location in the Midtown Medical Building. The new location is across the parking lot from the previous location. Parking in the connecting lot is still free for patients. The new address is:

2828 Chicago Ave S, Ste 450  
Minneapolis, MN 55407

There are no changes to our phone or fax numbers with this move:

Phone: 612-863-4115  
Fax: 612-863-4146

Second, to more effectively serve your patients, **effective September 1<sup>st</sup> we began scheduling appointments for all semen testing at our Unity and Mercy Hospital sites.** The centralized scheduling number for patients to call and schedule Andrology testing at any of our sites (Abbott Northwestern, United, Mercy and Unity) is 612-863-4115. Please send a completed Andrology test requisition along with the patient or fax it in advance to 612-863-4146. The testing days and times of sample processing are as follows:

| <u>Location</u>              | <u>Testing Days</u>        | <u>Times of Operation</u> |
|------------------------------|----------------------------|---------------------------|
| Unity Hospital               | Tuesday, Thursday & Friday | 7:00am until 10:00am      |
| Mercy Hospital               | Monday & Wednesday         | 7:00am until 10:00am      |
| United Hospital              | Friday                     | 7:00am until 10:50am      |
| Abbott Northwestern Hospital | Monday-Friday              | 7:30am until 3:15pm       |

**Private collection rooms are available at the Abbott Northwestern Hospital location only. United, Mercy and Unity only accept samples collected off site.**

Clients can order Andrology requisitions updated with these changes via the AML online Supply Catalog at [www.allina.com/medicallaboratories](http://www.allina.com/medicallaboratories) or by contacting AML Customer Service at 612-863-4678, Option 1.

For more information, visit our website at [www.allina.com/ahs/allinalabs.nsf/page/andrology.home](http://www.allina.com/ahs/allinalabs.nsf/page/andrology.home) , or call us at 612-863-4115.

## BILLING AND COMPLIANCE

### ❖ MML Price Increase Effective November 1<sup>ST</sup> 2009

Allina Medical Laboratories has received notice from Mayo Medical Laboratories (MML) that effective November 1, 2009 there will be a fee increase for two tests.

| Test #/Code | Test Name           | CPT   | Current Price | New Price |
|-------------|---------------------|-------|---------------|-----------|
| 1807/ADG    | Adenovirus Antibody | 86603 | \$78.50       | \$82.30   |
| 5238/SHT    | Schistosoma IgG Aby | 86682 | \$86.50       | \$89.80   |

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

## CHEMISTRY

### ❖ TSH Pediatric Reference Ranges Adopted

On **Tuesday October 6, 2009**, Allina Medical Laboratories added Pediatric Reference Ranges to TSH results.

The TSH Pediatric reference Ranges adopted are:

|                     |                   |
|---------------------|-------------------|
| < 30 Days:          | 0.43 -16.10 mIU/L |
| 1 - 24 Months:      | 0.62 - 8.05 mIU/L |
| 2 - 7 Years:        | 0.54 - 4.53 mIU/L |
| 7 - 12 Years:       | 0.66 - 4.14 mIU/L |
| 12 years and older: | 0.34 – 2.50 mIU/L |

## CONTINUING EDUCATION

### ❖ Metabolic Causes of Sudden, Unexpected Death

The next AML Continuing Education Offering, *Metabolic Causes of Sudden, Unexpected Death*, will be held on Thursday, October 29<sup>th</sup>, at the John Nassef Conference Center located on the United Hospital Campus in Saint Paul. Piero Rinaldo, MD, PhD, of Mayo Clinic will be speaking at this session.

The presentation will describe the role of sudden unexpected death in the natural history of metabolic disorders, especially mitochondrial fatty acid oxidation disorders. It will include an overview of available methods to perform a “metabolic autopsy” but also underscore the impact that newborn screening has had in recent years toward prevention of morbidity and mortality in childhood and even before life.

Registration materials for this event can be found on our website at [http://www.allina.com/ahs/allinalabs.nsf/page/Oct2909CE.pdf/\\$FILE/Oct2909CE.pdf](http://www.allina.com/ahs/allinalabs.nsf/page/Oct2909CE.pdf/$FILE/Oct2909CE.pdf)

## CYTOLOGY

### ❖ ThinPrep® Vial Brush and Broom Reminder

AML has received an increasing number of ThinPrep® pap vials with the Endocervical Brush or CytoBroom head remaining in the ThinPrep® vial. Please remind all providers that the CytoBroom and Endocervical brushes are **NOT** to be placed into the ThinPrep® Pap vials. Leaving these devices in the vial can cause potentially serious damage to our automated system. The ThinPrep® System utilizes a different procedure than the Surepath System that requests providers leave these devices in the Pap vial.

After collecting the Pap test, rinse the brush as quickly as possible in the PreservCyt Solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the brush/broom vigorously to further release material. **Discard the brush.**

Please see the AML online collection manual for complete instructions on how to collect the ThinPrep® Pap. <http://www.allina.com/ahs/allinalabs.nsf/page/cytologyhome>

## MICROBIOLOGY

### ❖ *Clostridium difficile* Toxin PCR replaces *Clostridium difficile* Toxin A/B

**Effective 12/1/09**, the *Clostridium difficile* Toxin A/B test (CDT/6588) will be replaced with the more sensitive *Clostridium difficile* Toxin PCR (CDI/8288) at Allina Medical Laboratories. The PCR test will be performed on the GeneXpert instrument and has a sensitivity = 94%, specificity = 94%, PPV = 73%, and NPV = 99%, as compared to toxigenic culture. In addition to increased accuracy, this test requires only one specimen/patient for detection of toxigenic *C. difficile*.

|  |  |
|--|--|
| <b>Test Name:</b>                          | <b>CLOSTRIDIUM DIFFICILE TOXIN PCR</b>   |
| <b>Test Number:</b>                        | 8288/CDI   |
| <b>Collect:</b>                            | Liquid, semi-soft, or soft stool   |
| <b>Alternate collect:</b>                  | None   |
| <b>Container:</b>                          | Clean container  |
| <b>Processing:</b>                         | Submit entire specimen   |
| <b>Transport/Stability:</b>                | Refrigerated within 5 days; ambient within 24 hours  |
| <b>Alternate names:</b>                    | C. diff PCR, C. diff toxin   |
| <b>Performing Lab:</b>                     | AML - MI   |
| <b>Days Set Up:</b>                        | M - Su   |
| <b>Expected TAT:</b>                       | Stat: 2.5 hours  |
| <b>Ref. Ranges:</b>                        | NA   |
| <b>Collection/<br/>Processing Details:</b> | Only one specimen is necessary for detection of toxigenic <i>C. difficile</i> .<br>If PCR negative, repeat testing is not recommended for 7-14 days.<br>Unacceptable specimens: formed stool, stool in preservative, frozen stool, other specimens |
| <b>Method:</b>                             | Real-Time PCR  |
| <b>CPT Code:</b>                           | 87798  |

## MOLECULAR

### ❖ DNA Mismatch Repair Assessment Specimen Reminders

DNA Mismatch Repair Assessment testing can be comprised of Immunohistochemistry (MLH1, MSH2, MSH6 and PMS2), Microsatellite Instability by PCR (MSI), or both. When requesting these tests, please be aware that if you are ordering the Immunohistochemistry testing only, the tumor in a paraffin block is the only specimen required. If, however, you are requesting Microsatellite Instability by PCR (MSI), along with the tumor block, a normal control from the patient must be submitted. The preferred normal control is a negative block (e.g. a negative lymph node). If a negative tissue block is not available, 5ml of whole blood (ACD, EDTA or NaCitrate) may be submitted.

MSI test ordering information is as follows:

|  |  |
|--|--|
| <b>Test Name</b>                           | <b>Microsatellite Instability (PCR)</b>  |
| <b>Test #/ Ultra Code</b>                  | Paper Request (Pathology Add-On Request)   |
| <b>Collect</b>                             | Tumor Specimen   |
| <b>Container</b>                           | Tumor Specimen in Paraffin Block   |
| <b>Processing</b>                          | Submit Entire Block  |
| <b>Transport/Stability</b>                 | Ambient  |
| <b>Alternate Names</b>                     | MSI  |
| <b>Performing Lab</b>                      | AML-Molecular  |
| <b>Days Set up</b>                         | Weekly   |
| <b>Expected TAT</b>                        | 7-14 Days  |
| <b>Reference Range</b>                     | Interpretative report  |
| <b>Critical Values</b>                     | N/A  |
| <b>Collection &amp; Processing Details</b> | Along with the tumor specimen, a normal control from the patient must be submitted. The preferred normal control is a negative tissue block. If none is available, 5ml of whole blood (ACD, EDTA or NaCitrate) may be submitted. |
| <b>CPT Code(s)</b>                         | 83891 x2, 83907 x2, 83900 x2, 83901 x6, 83909 x2, 83912  |

### ❖ HCV RNA-PCR Genotype (2346/HCR) Testing Update

Due to the discontinuation of necessary reagent products, the HCV RNA – PCR Genotype (2346/HCR) test, which was previously performed in the AML Molecular Laboratory, will now be referred to Mayo Medical Laboratories (MML) for analysis.

Until our LIS system is updated to reflect this change, any requests for the HCR received at AML will have the test cancelled and reordered as an MSO. Specimen requirements, CPT codes and pricing for the MML test are as follows:

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>Test Name:</b>           | <b>HCV RNA - PCR GENOTYPE</b>         |
| <b>Test Number:</b>         | 994/MSO                               |
| <b>Collect:</b>             | 2.4 ml Frozen** Serum – SST ONLY      |
| <b>Container:</b>           | 2 -Sarstedt Screw Cap Vials           |
| <b>Processing:</b>          | Spin, Separate and Freeze Immediately |
| <b>Transport/Stability:</b> | Frozen                                |
| <b>Alternate Names:</b>     | HCV Genotype                          |
| <b>Performing Lab:</b>      | Mayo Medical Laboratories (MML)       |

**Collection/**

**Processing Details:** For HCV positive patients. Please freeze in two (2) Sarstedt tubes containing 1.2 ml serum each. \*\*FREEZE within 4 hours of collection. Delay will be cause for rejection. For Research Only. SST MUST be SEPARATED and FROZEN before submission to AML.

**Method:** Trugene Kit

**CPT Codes:** 87521-90 (amplification) and 87902 -90 (genotype)

**List Price:** \$215.05. Per MML, this price is subject to finalization only after the test is complete

|                 |
|-----------------|
| <b>SENDOUTS</b> |
|-----------------|

❖ **SendOut Test Result Notification Policy**

It is the policy of the AML SendOut Department that AML clients will be notified by telephone of any send out test results communicated to AML by the testing laboratory (considered critical by the testing laboratory).

The only other test results that will be communicated to the client by phone are those ordered with a telephone request.

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

❖ **New Orderable Tests**

Allina Medical Laboratories is pleased to announce that several tests previously not built in our LIS system, necessitating the use of a Miscellaneous Send Out (MSO) ordering code, are now orderable with unique test codes. Please see the following test details for specific ordering information:

**Test Name:** **ARIPIPRAZOLE**  
**Test Number:** 8272/ARI  
**Collect:** 2 ml Serum - Plain Red  
**Peds Collect:** 0.5 ml Serum - Plain Red  
**Alternate Collect:** Heparin Plasma  
**Container:** Plastic Transfer Vial  
**Processing:** Spin and Separate  
**Transport/Stability:** Refrigerated; Frozen:OK; Ambient: OK  
**Alternate Names:** Abilify  
**Performing Lab:** MedTox (771)  
**Days Set Up:** M - Su  
**Expected TAT:** 5 days  
**Ref. Ranges:** Low Reporting Limit: 20 ng/ml  
**Collection/**  
**Processing Details:** Gel Tubes are NOT ACCEPTABLE.  
 Expected steady state plasma levels in patients receiving recommended daily dosages: 109.0-585.0 ng/mL  
**Method:** LC/MS/MS  
**CPT Codes:** 82542-90

**Test Name:** BK VIRUS DETECTION QUANT PLASMA  
**Test Number:** 8277/BKB  
**Collect:** 1.0 ml EDTA Plasma  
**Alternate Collect:** Yellow ACD  
**Container:** MAYO - Screw Cap Transfer Vial  
**Processing:** Spin and Separate  
**Transport/Stability:** Refrigerated; Frozen:OK; Ambient: NO  
**Alternate Names:** Polyomavirus  
**Performing Lab:** Mayo Medical Labs (83187)  
**Days Set Up:** M - F and Su 10AM  
**Expected TAT:** 1 - 2 Days  
**Ref. Ranges:** None Detected  
**Collection/**  
**Processing Details:** Spin and Separate promptly. Reportable range is 500 to 100 Million copies per ml.  
**Method:** Real-Time PCR/DNA  
**CPT Codes:** 87799-90

**Test Name:** CHLAMYDIA TRACHOMATIS - ORAL BY NAT  
**Test Number:** 8270/CTO  
**Collect:** Swab in M4 or M5 Media  
**Alternate Collect:** [Additional Specimen Types - Order as MSO not orderable test.](#)  
**Container:** MAYO -Swab in M4 (red) or M5 (green) Viral Transport Media  
**Processing:** Submit Entire Specimen  
**Transport/Stability:** Refrigerated  
**Alternate Names:**  
**Performing Lab:** Mayo Medical Labs (81096)  
**Days Set Up:** M - Sa  
**Expected TAT:** 1 - 2 Days  
**Ref. Ranges:** Negative  
**Collection/**  
**Processing Details:** This test is for detection of Chlamydia Trachomatis in Oral and Throat specimens.  
**Method:** Strand Displacement Amplification  
**CPT Codes:** 87491-90

**Test Name:** PREGABALIN  
**Test Number:** 8271/PBL  
**Collect:** 2 ml Serum - Plain Red  
**Alternate Collect:** Heparin Plasma  
**Container:** Plastic Transfer Vial  
**Processing:** Spin and Separate  
**Transport/Stability:** Refrigerated; Stable Room Temp 3 days.  
**Alternate Names:** Lyrica  
**Performing Lab:** MedTox (237)  
**Days Set Up:** M - F  
**Expected TAT:** 2 Days  
**Ref. Ranges:** Reporting Limit= 1.0 mcg/ml; Therapeutic and Toxic ranges have not been established. Expected steady state pregabalin: 10 mcg/ml.  
**Collection/**  
**Processing Details:** Spin and Separate  
**Method:** LC/MS/MS  
**CPT Codes:** 82491-90

**Test Name:** T3, REVERSE  
**Test Number:** 123/T3R  
**Collect:** 1 ml Serum - Plain Red  
**Peds Collect:** 0.5 ml Plain Red  
**Container:** Screw Cap Transfer Vial  
**Processing:** Spin and Separate  
**Transport/Stability:** Refrigerated: Stable 5 Days; Frozen; Stable 1 year; Ambient: 16 hours.  
**Alternate Names:** Triiodothyronine, Reverse  
**Performing Lab:** Quest Diagnostics (967)  
**Days Set Up:** T - Sa  
**Expected TAT:** 2 - 5 Days  
**Ref. Ranges:** 0.18 - 0.51 nmol/L; 11.7 - 33.2 ng/ml  
**Collection/  
 Processing Details:** If SST is drawn please transfer to screw cap vial before freezing and transport.  
**Method:** RIA [Non-FDA approved method]  
**CPT Codes:** 84482-90

The AML Collection Manual located at [www.allina.com/medicallaboratories](http://www.allina.com/medicallaboratories), has been updated with this new ordering information.

#### ❖ Hepatitis Specimen Requirement Update

AML has received notice from Mayo Medical Laboratories (MML) indicating that effective immediately the specimen requirements for the following tests have changed:

|                          |          |
|--------------------------|----------|
| Hepatitis Be Antibody    | 692/ABE  |
| Hepatitis Be Antigen     | 687/HBE  |
| Hepatitis Delta Antibody | 7273/HED |

***Plasma specimens are no longer acceptable; ONLY Serum in plain red separated or SST is acceptable if separated prior to freezing and transport for testing.***

**Collect:** 1.0-2.0 ml Frozen Serum - Plain Red (Test Dependent – refer to the AML Collection Manual for details)  
**Peds Collect:** 0.5 – 1.0 ml Frozen Serum - Plain Red (Test Dependent – refer to the AML Collection Manual for details)  
**Alternate Collect:** SST  
**Container:** MAYO - Screw Cap Transfer Vial  
**Processing:** Spin, Separate & Freeze  
**Collection/  
 Processing Details:** Specimen will be rejected if grossly hemolyzed or lipemic. If SST is drawn please transfer to MAYO - Screw Cap Transfer Vial before freezing and transport.

The AML electronic Collection Manual, located at [www.allina.com/medicallaboratories](http://www.allina.com/medicallaboratories) has been updated to reflect these changes.

### ❖ Cyclosporine-A Testing Lab Change

In response to request from providers, AML has transitioned our Cyclosporine-A testing from MedTox Scientific to the University of Minnesota. There is no change in price, CPT code or TAT associated with the change in testing lab.

|                             |   |
|-----------------------------|---|
| <b>Test Name:</b>           | <b>CYCLOSPORINE- A</b>                              |
| <b>Test Number:</b>         | 564/UCY   |
| <b>Collect:</b>             | 3 ml Whole Blood                                    |
| <b>Container:</b>           | Lavender Top Tube (EDTA)                            |
| <b>Processing:</b>          | Do Not Spin - Do Not Open                           |
| <b>Transport/Stability:</b> | Ambient   |
| <b>Alternate Names:</b>     | Sandimmune, CSA, Gengraf, Neoral                    |
| <b>Performing Lab:</b>      | U of MN Physicians (CYC)                            |
| <b>Days Set Up:</b>         | M - Su  |
| <b>Expected TAT:</b>        | 1 -2 Days   |
| <b>Ref. Ranges:</b>         | See Report  |
| <b>Collection/</b>          |   |
| <b>Processing Details:</b>  | Optimum to draw specimen 12 hours before next dose. |
| <b>Method:</b>              | LC/MSMS   |
| <b>CPT Codes:</b>           | 80158-90  |

## SUPPLIES

### ❖ EcoFix O&P Container Cap Change

The manufacturer of the EcoFix O&P containers has made an adjustment to the container caps. The current caps were a domed dark green; the new caps are still domed dark green, but also have a white ring around the edge of the lid. The photos in our supply catalog will be updated to reflect this change.

## WEB SITE

### ❖ CEU DVD's Available for Checkout

AML sponsors quarterly continuing education presentations in the Twin Cities area. For those unable to attend, we record each presentation and make the DVD/videotapes available for viewing.

Upcoming CEU event information as well as a listing of available presentations and a DVD Request Form can be found by clicking on the ***Continuing Education Listings*** link on our website homepage at [www.allina.com/medicallaboratories](http://www.allina.com/medicallaboratories).

## HELP US HELP YOU

### ❖ Keeping Your Physician List Current

Please review your AML requisitions on a regular basis to make sure that we are maintaining a complete and accurate physician listing for your clinic. If any updates (removals or additions) are needed, please contact your Account Representative.

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

[www.allina.com/medicallaboratories](http://www.allina.com/medicallaboratories)