



LAB-LINK

VOLUME 4 • February 2012

Health Network Laboratories
2024 Lehigh Street
Allentown, PA 18103
877-402-4221 • www.healthnetworklabs.com

As your laboratory partner,

Health Network Laboratories is

pleased to keep you

connected to new and updated

laboratory testing information.

In This Issue

TABLE OF CONTENT	2
NEW TEST	3-5
ADDITIONAL INFORMATION	6

CPT (Current & Procedural Terminology) is a trademark of the AMA. Codes listed are guidelines and are for informational purposes only. Coding questions should be directed to the third party payor and/or the AMA. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for which Medicare reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually at an additional charge. Physicians who consider Reflex testing unnecessary may order an initial test without the Reflexed test. Reflex or confirmation tests are performed at an additional charge.

Test Name/Subject	Effective Date	Page
<u>NEW TESTS</u>		
HPV DNA Plus 16 & 18 Genotyping	03/05/2012	3
Legionella Antigen, Urine	11/17/2011	4
Streptococcus pneumoniae Urine Antigen	12/05/2011	5
<u>ADDITIONAL INFORMATION</u>		
Urine Collection Guidelines		6

TEST CHANGE:

The following test change will be effective on the date indicated below. Please note that the changes are listed in Bold, italicized type. Additional information regarding the change will be provided where applicable.

HPV DNA Plus 16 & 18	
Effective Date:	03/05/2012
Includes:	<ul style="list-style-type: none"> • HPV Plus 16 & 18 Genotype • Reflex HPV DNA High Risk on ASCUS only. • HPV DNA High Risk as a primary screening in combination with the ThinPrep® PAP Test out of vial. • HPV DNA High Risk only (for specimens sent without a ThinPrep® PAP test.
CPT Code:	87621
Alternate Name:	High Risk HPV DNA Plus 16 & 18 Genotyping
Methodology:	HPV DNA by Real-time PCR
Testing Schedule:	Routine, 3 times per week
Report Available:	5-7 working days
Specimen Requirements:	<p>Minimum Volume: 2 mL from ThinPrep® Vial Exfoliated cells collected according to the ThinPrep® liquid based specimen preparation guidelines.</p> <p>Container: ThinPrep® vial filled with Preservcyte™ fluid ONLY. No other specimen types are acceptable.</p> <p>Collection: Vial must be labeled with patients full name (first initial and last name is not acceptable). SEE special instructions for "Cytobrush/Spatula Collection listed under Specimen Collection Transport ThinPrep® vials within one week of collection.</p>
Special Instructions and/or Comments:	<ul style="list-style-type: none"> • Submit specimen with a completed cytology requisition form (HNL-30) or one of the laboratory appropriate electronic forms. • Tests are performed only on specimens off a ThinPrep® vial. • Patients should avoid douches for 48-72 hours prior to collection. • The specimen cannot be older than 30 days.
Reference Range:	<p>HPV DNA 16: Not Detected</p> <p>HPV DNA 18: Not Detected</p> <p>High Risk HPV DNA : Not Detected</p>

Critical Values:	HPV DNA 16: Detected HPV DNA 18: Detected
Clinical Utility:	Useful for detecting the presence or absence of 14 HPV High Risk types (16, 18, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68). The test specifically identifies genotypes HPV 16 & HPV 18 while concurrently detecting the rest of the high risk types.
Additional Information:	<p>Intended Use:</p> <ul style="list-style-type: none"> • To screen patients 21 years and older with ASC-US cervical cytology test results to determine the need for referral to colposcopy. • To be used in patients 21 years and older with ASC-US cervical cytology results to assess the presence or absence of high-risk HPV genotypes 16 & 18. • In women 30 years and older the HPV test can be used with cervical cytology to adjunctively screen to assess the presence or absence of high risk HPV types. • In women 30 years and older the HPV test can be used with cervical cytology to adjunctively screen to assess the presence or absence of HPV genotypes 16 & 18. • ASCCP, 2011 recommends that women 30 years and older with a negative cytology result and positive HPV result be specifically assessed for the presence of HPV genotypes 16 & 18. In all cases this information, together with the physician's assessment of cytology history, other risk factors and professional guidelines may be used to guide patient management.

For more information, please contact Carol Beckwith at 877-402-4221

NEW TEST:

HNL is pleased to expand our testing menu to include the following test.

Legionella Antigen, Urine	
Test Code:	LEGUR
Effective Date:	11/17/2011
Includes:	Detection of Legionella pneumophila serogroup 1 antigen in urine.
CPT Code:	87449
Alternate Name:	Urine Antigen, Legionella pneumophila
Methodology:	Immunochemical Membrane Assay
Testing Schedule:	Routine, daily
Report Available:	2 hours from receipt in lab
Specimen Requirements:	<p>Minimum Volume: 4 ml random urine. Urine collected in Boric Acid tube, filled to at least minimum fill line.</p> <p>Container: Boric Acid Urine Preservative tube OR leakproof plastic urine container.</p> <p>Collection: Submit clean catch urine.</p>
Special Instructions and/or Comments:	<ul style="list-style-type: none"> • Urines received in Boric Acid tube may stay at room temperature. • Urines received in leakproof plastic urine container must be refrigerated .
Reference Range:	Negative.
Critical Values:	Positive for L pneumophila serogroup 1.
Clinical Utility:	Allows for early diagnosis of Legionella pneumophila serogroup 1 infection by detecting an antigen in urine as early as 3 days after the onset of symptoms.
Additional Information:	<ul style="list-style-type: none"> • This test will not detect infections caused by other L. pneumophila serogroups and by other Legionella species. • A negative antigen result does not exclude infection with L pneumophila serogroup 1. This test as well as culture results should be used in conjunction with clinical findings to make an accurate diagnosis. • Antigen excretion may begin as early as 3 days after onset of symptoms and persist for up to 1 year

For more information, please contact Georgia Colasante at 877-402-422

NEW TEST:

HNL is pleased to expand our testing menu to include the following test.

Streptococcus Pneumoniae Urine Antigen	
Test Code:	SPNUR
Effective Date:	12/05/2011
Includes:	S pneumoniae Antigen detection in urine
CPT Code:	87449
Alternate Name:	Urine Antigen, Strep. pneumo
Methodology:	Immunochemical Membrane Assay
Testing Schedule:	Routine, daily
Report Available:	2 hours from receipt in lab
Specimen Requirements:	<p>Minimum Volume: 4 ml random urine. Urine collected in Boric Acid tube, filled to at least minimum fill line.</p> <p>Container: Boric Acid Urine Preservative tube OR leakproof plastic urine container.</p> <p>Collection: Submit clean catch urine.</p>
Special Instructions and/or Comments:	<ul style="list-style-type: none"> • Urines received in Boric Acid tube may stay at room temperature. • Urines received in leakproof plastic urine container must be refrigerated.
Reference Range:	<p>Negative.</p> <p>A negative Streptococcus pneumoniae urine antigen test does not exclude infection with S. pneumoniae. Therefore, the results of this test as well as culture results or serology should be used in conjunction with clinical findings to make an accurate diagnosis.</p>
Clinical Utility:	<p>Streptococcus pneumoniae is the leading cause of community-acquired pneumonia. The S. pneumoniae urine antigen test is used to assist in rapid diagnosis and antimicrobial guidance in patients hospitalized with community acquired pneumonia (CAP).</p>

For more information, please contact Georgia Colasante at 877-402-4221

ADDITIONAL INFORMATION

URINE COLLECTION GUIDELINES

At HNL we are seeing an increase in the number of improperly submitted urine specimens for culture.

Proper collection, transport, timely delivery and processing of urine samples are all critical in the accurate diagnosis of urinary tract infections. Colony counts may falsely increase with suboptimal transport and storage conditions.

For the most accurate culture results follow these guidelines:

1. Submit urine in C+S preservative tube (Boric Acid tube).
2. Fill the Boric Acid tube to **AT LEAST** the minimum fill line (3 ml).
3. If less than 3 mls is collected submit urine in a sterile specimen container (NOT blue capped cup).



4. Specimens sent in a sterile container other than the Boric Acid tube **MUST** be submitted on ice and received within 24 hours of collection.

If the above guidelines are not followed the specimen will be rejected.

For more information, please contact Georgia Colasante at 877-402-4221