

REFLEX TESTING

Document Number: LAB-129.023

PURPOSE

The Laboratory Model Compliance Plan published by the Federal Office of Inspector General (OIG) of the Department of Health and Human Services (August, 1998) addressed laboratory test ordering practices. In the setting of pertinent tests and test results, the laboratory has historically ordered and performed selected additional tests (reflex tests) that were deemed appropriate to ensure quality patient management. These reflex tests have been consistent with regional and national standards of practice.

The CHI St. Alexius Medical Center Medical Executive Committee has reviewed the reflex tests, including Blood Bank Physician Services summarized below. The Medical Executive Committee authorizes the use of these tests as medically necessary to establish diagnoses and direct treatment.

In addition, the Northern Plains Laboratory Medical Director and Administrative Director have approved the following reflex tests.

REFLEX TESTS

| ORIGINAL TEST ORDER | TEST RESULT | REFLEX TEST(S) |
|---|--|---|
| Antibody Screen | Positive | <i>As indicated:</i> Antibody identification Patient antigen typing Prewarm antibody screen Adult direct antiglobulin (Coombs) Elution studies Antibody titer |
| CBC | Abnormal per established criteria | Manual differential |
| Clostridium Difficile Toxin by PCR | Positive | Clostridium Difficile by Immunoassay |
| GI Panel by PCR, GI Additional Pathogen | Detected or Equivocal for C. Difficile Toxin A/B | Clostridium Difficile by Immunoassay |
| Culture, Blood | Positive | <i>As indicated:</i> Blood Culture ID by PCR |
| Culture - Pathogen identified | | Susceptibility (each organism) Confirmation of resistance mechanisms (as applicable) |
| Culture (Source dependent) | Positive | Gram Stain |

REFLEX TESTING

Document Number: LAB-129.023

| ORIGINAL TEST ORDER | TEST RESULT | REFLEX TEST(S) |
|--|---|--|
| Culture (Source dependent) | | Anaerobic culture in addition to aerobic culture provided appropriate transport media used |
| Direct Antiglobulin (Coombs) Test - Cord Blood | Positive | Elution Antibody identification Antibody screen on mother's specimen |
| Direct Antiglobulin (Coombs) Test-Adult | Positive Polyspecific Antiglobulin includes Monospecific Anti IgG & Anti Complement | <i>As indicated:</i> Elution Antibody identification |
| Fetal screen | Positive | Fetal cell stain (Kleihauer Betke) |
| Group A Strep by PCR | Unable to determine presence or absence of GBA DNA | Throat Culture |
| Group B Strep by PCR | Positive Unable to determine presence or absence of GBS DNA | Susceptibility Group B Beta Streptococcus Culture |
| HIV Rapid | Reactive | HIV 1,2 Combo Ag/AB by CIA with Reflex |
| HPV with Reflex | Positive | HPV Genotype 16 HPV Genotype 18/45 |
| Lipid Panel | Triglyceride >400 mg/dL Triglyceride <10 mg/dL HDL <3 mg/dL HDL >200 mg/dL Cholesterol <25 mg/dL Cholesterol >2100 mg/dL Calculated LDL is a negative value | LDL, direct measurement |
| Lupus Anticoagulant Panel (DVVT) | Positive DVVT or prolonged aPTT | DVVT Confirm PT Mixing study (aPTT and/or PT) |

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Document Number: LAB-129.023

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| MRSA by PCR | Unable to determine presence or absence of MRSA DNA | MRSA culture |
| ORIGINAL TEST ORDER | TEST RESULT | REFLEX TEST(S) |
| MRSA/SA Skin/Soft Tissue Infection by PCR | | Aerobic and/or Anaerobic bacterial culture and gram stain |
| Platelet Count, CBC, ABC | Abnormal per established criteria | Immature Platelet Fraction (IPF) |
| Rapid Strep – pediatric ≤ 18 years | Negative | Throat Culture |
| Rapid Strep Plus (RSPLS) | Negative | Throat Culture |
| RPR (Syphilis serology) with Reflex | Reactive | TP-PA RPR Titer |
| TSH with Reflex | Abnormal result (high or low) | Free T4 |
| Type and Crossmatch | Prior ABO/RH not in patient history | ABO/Rh type recheck |
| Type and Crossmatch | Positive antibody screen | <i>As indicated:</i> Unit antigen typing Incubated and antiglobulin crossmatch Additional units crossmatched to find ordered number compatible |
| Urine Screen | Positive Protein, Blood, Nitrite or Leukocyte esterase | Urine microscopic |
| Urine Screen with Reflex culture | Positive Protein, Blood, Nitrite or Leukocyte esterase | Urine microscopic |
| In addition, for SAMC only | Nitrite and/or Leukocyte Esterase positive WBC ≥ 10/hpf | Urine culture Urine culture |
| Urine Screen – child <2 yrs from MDC or SAMC | | Urine culture |

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| VRE by PCR | Unable to determine presence or absence of VRE DNA | VRE culture |
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