

THE NANOGRAM

Sentara Martha Jefferson Hospital Laboratory Services



FALL
2015

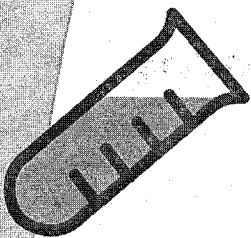


Important Phone Numbers

Clinical Lab
654-7170 or
fax 654-7164

Anatomic Pathology
Lab
654-7955 or
fax 654-7944

AP Client Services
Representative,
Noel Jorgensen
654-5525



TESTS for 2 Tube Collection

- HIV Antibodies, HIV-1/2; EIA W/ reflexes
- FUNGITELL (R) (1-3)-B-D; Glucan Assay
- Maternal Serum Screen 1
- Maternal serum Screen 4 (Quadscreen)
- Aspergillus Antigen
- Cystic Fibrosis Screen

Quarterly Newsletter on Website

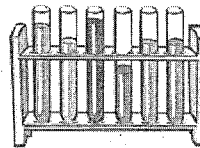
This newsletter is from the Laboratory and will be distributed on a quarterly basis. It contains important information and news briefs concerning laboratory services. In addition to normal distribution, each issue will be posted at www.cvillepathology.net under the News Brief section.

Reference Lab Conversion: LabCorp

CONVERSION

Here at Sentara Martha Jefferson (SMJH) Lab, we strive daily to achieve our mission to "improve health every day". In doing so, we continually evaluate our methods to ensure quality as well as meet the needs of our clients. With this said, a number of variables have prompted us to take a critical look at the current environment and in order to continue meeting the need of patients and clients in this changing environment.

Over the course of the coming year SMJH will be implementing a number of system changes through a project entitled eCare. One of the first eCare initiatives for SMJH to evaluate was our reference lab service providers. After consideration, we are pleased to inform you that on September 29, 2015 SMJH converted reference lab services from Quest Diagnostics to LabCorp. We will continue to work with Quest where appropriate for certain esoteric testing, however they will no longer be serving as SMJH Lab's primary reference lab. If you have any questions, please call the Lab at 654-7170.




LabCorp and Different Specimen Requirements


LabCorp requests that specimens for the some tests be sent in an **original, unopened tube**. Therefore, at least 2 tubes will need to be collected anytime one of the tests to the side are ordered along with a battery of tests. For example, orders for a CMET, HIV 1/2, CBC and CYSFIB would require 2 SST tubes and 2 LAV tubes. Questions call 654-7170.

Do's & Don'ts of Patient ID and Specimen Labeling

DO:

- Label all specimens in the presence of the patient verifying 2 Patient IDs. 
 - ⇒ All Specimens must be labeled with 2 Patient IDs.
 - ⇒ The recommended and preferred IDs are: Patient first and last name And DOB.
 - Have the patient verify by looking at the specimen and verbally confirming that 2 patient IDs are correct.
 - Note date/time of collection and collector initials on all samples or requisitions.
 - Send 1 patient per biohazard bag.
- WHY?
- ⇒ These are required steps to avoid specimen rejection.
 - ⇒ To avoid delay in results that could compromise patient care.

DON'T

- Use a patients first initial and last name, nickname, etc. as a Patient ID. These do not provide a positive patient identification. 
- Take specimens out of collection area until they are properly labeled with 2 IDs in the presence of the patient.

EXCEPTION

- "One time only" specimens, i.e. tissue derived from any invasive procedure or body fluid will not be rejected or discarded. It will be the originating office/ staff's responsibility to label the specimen.

DNV SURVEY

Sentara Martha Jefferson Hospital completed its DNV GL accreditation survey on August 25-28, 2015. We had a successful survey.

Surveyors commented that we had a "wonderful facility," "great people," and noted that "you can feel the culture here."

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Lab Leaders

Jeff Willy, MBA, MT (ASCP)
Director, Lab Services

Carolyn Dotson, MT (ASCP)
Lab Operations Manager

Thea Alterman, MT (ASCP)
QC/QA Manager

Bette Webber, MT (ASCP)
Lab Administrative Manager

Sarah Harris, MSHS, MLT (ASCP)
Clinical Core Lab Manager

Pathologists

R. Hunt MacMillan III, MD
Director of Blood Bank, Chemistry, and Microbiology

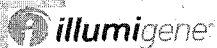
Thomas Dudley, MD
Director of Histology

Laura Spinelli, MD
Medical Director, Lab Director of Cytology, Hematology, Serology, Coagulation, and Urinalysis

GO LIVE DATES for Meridian Bioscience Illumigene

Group B Strep and Pertussis went live on Mon., Sept. 21.

Group A Strep will go live Mon., Oct. 19.



Copan eSwabs

Effective as of Sept. 1, 2015, the SMJH lab switched to the Copan eSwab which replaced the BD BDDL CultureSwab EZ, BD BBL CultureSwab EZ II, and the BD BBL



Vacutainer anaerobic specimen collector swabs.

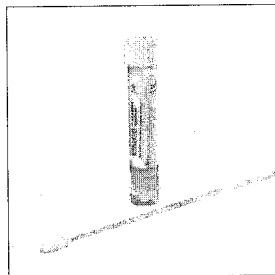
eSwab is a liquid based multipurpose system that maintains the viability of aerobic, anaerobic, and fastidious bacteria for up to 48 hours. The eSwab system collects and releases more specimen, significantly improving patient test results and decreasing the need of repeat testing due to insufficient sample. eSwab replaces multiple transport devices with just one system eliminating the need to stock multiple types of swabs.

The Copan eSwab is utilized for the collection of the following cultures:

- Wound (aerobic and anaerobic*)
- Group B Cervical/Vaginal
- Genital
- Rapid Group Strep A and confirmation cultures
- Eye, Ear, and Nasopharyngeal (mini-tip eSwabs are available for these sources)

*** If both aerobic and anaerobic cultures are requested 2 eSwabs must be submitted.**

We understand that there is a transition period for receiving the eSwabs and want to assure you that any specimen submitted on the BD BBL CultureSwab EZ, BD BBL CultureSwab EZ II, and the BD BBL Vacutainer Anaerobic specimen collector swabs will be accepted.



If there are questions and/or issues with this change, please do not hesitate to contact the lab at 654-7170 or 654-7172.

Meridian Bioscience



The SMJH Micro Lab has validated the Meridian Bioscience Illumigene, a molecular platform offering a more sensitive and specific methodology for detecting Group A Strep in throat cultures and Group B Strep in vaginal/rectal cultures from antenatal females. The

Illumigene also offers Pertussis testing, utilizing the same methodology, allowing us to add this to our in-house testing menu. This new methodology will allow us to report out definitive answers with confident results and expedited turnaround times.

	<u>Sensitivity</u>	<u>Specificity</u>
Group A Strep	98.0%	97.7%
Group B Strep	98.6%	93.2%
Pertussis	87.8%	97.8%

- The Illumigene Group A strep has been shown to increase the detection of positives by 53% over traditional cultures from symptomatic patients.
- The Illumigene Group B strep test long with broth enrichment has been shown to increase the detection of positives by up to 20% over culture.

Collection: **Group A** for throat use Copan eSwab (white cap). **Group B** for vaginal/rectal use the Copan eSwab (white cap). **Pertussis** for nasopharyngeal use mini-tip Copan eSwab (green cap). Nasal washings are no longer an acceptable specimen for Pertussis testing.

PCR: Mycobacterium tuberculosis and Rifampin Resistance

Specimen Source: Sputum is the only source acceptable for this test. Other sources will be sent to the reference lab for testing. For best results, 3 sputum specimens should be collected 24 hours apart (preferably first morning) for acid fast smear and cultures, with the first sample having the NAA test performed on it only if the patient has moderate to high suspicion of having TB. **To Order Test:** Physicians need to order a miscellaneous test and specify it is for MTB/RIF by PCR.

The next Nanogram newsletter will be Winter 2016 distributed in January 2016.