Billings Clinic

Laboratory Communiqué

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The *Laboratory Communiqué* is a quarterly publication released by Billings Clinic Laboratory Services as an informational tool for medical staff and laboratorians.

In This Issue

New Instrument

GenProbe® Panther

On June 1, testing for the common sexually transmitted infections *Chlamydia trachomatis (*CT) and *Neisseria gonorrhoeae* (NG) was moved to the GenProbe Panther®. The GenProbe Panther® is a random access, fully automated molecular platform that allows continuous loading of samples and reagents. CT/NG testing is performed with the GenProbe APTIMA Combo 2® assay which has excellent sensitivity and specificity. This assay is a target amplification nucleic acid probe test that utilizes target capture for the *in vitro* qualitative detection and differentiation of ribosomal RNA (rRNA) from *Chlamydia trachomatis* and *Neisseria gonorrhoeae.*

With the implementation of the GenProbe Panther®, we have now consolidated our previous CT/NG testing for urines and genital swabs with the addition of PreservCyt Solution liquid Paps. Liquid Pap specimens had previously been sent out to a reference lab and had a longer turn-around-time (TAT) for reporting. We can now offer more efficient testing and reporting with multiple runs being performed Monday through Friday.

Test Numbers are:

Billings Clinic	MayoAccess
7072 Chlam & Neiss RNA Amplification	(BCL 356)
7071 Chlamydia RNA Amplification	(BCL 354)
7069 Neisseria RNA Amplification	(BCL 355)
4798 Chlam & Neiss Urine RNA Amplification	
4799 Chlamydia Urine RNA Amplification	
4796 Neisseria Urine RNA Amplification	
9638 Chlam & Neiss PAP RNA Amplification	
9642 Chlamydia PAP RNA Amplification	
9644 Neisseria PAP RNA Amplification	

Test Updates

Troponin Interps

Reference Range Changes

Calcium

Meetings

AACC July 28-Aug 2

CPT Codes:

Chlamydia	87492
Neisseria	87292

Specimen Types/Collection Requirements:

- Male Urethral -Use the APTIMA Unisex Swab Specimen Collection Kit. After collection, transport and store the swab specimen in the swab specimen transport tube at 2ºC to 30ºC.
- Female Endocervical-Use the APTIMA Unisex Specimen Collection Kit. After collection, transport and store the swab specimen in the swab specimen transport tube at 2ºC to 30ºC.
- Gynecological Specimen-Collect in the PreservCyt Solution Liquid Pap container.
- Male or Female Urine-Submit a first catch urine. Approximately 20-30 mL of the initial stream should be collected into a urine collection cup free of any preservatives. The patient should not have urinated for at least 1 hour prior to specimen collection. Female patients should not cleanse the labial area prior to providing the specimen.

Testing:

Monday through Friday

Reporting:

- Negative: *Chlamydia trachomatis (or Neisseria gonorrhoeae)* NOT detected in the specimen-no laboratory evidence for infection.
- Positive: *Chlamydia trachomatis (or Neisseria gonorrhoeae)* DETECTED in the specimen-consistent with infection with *C. trachomatis (or N. gonorrhoeae*.
- Equivocal: A repeat sample is recommended to determine patient status.
- Invalid: Invalid result. This specimen may have been grossly contaminated with mucous or another interfering substance which prevented adequate amplification. Please resubmit.

Plans for additional testing on the Panther include HPV which is currently waiting for FDA approval. Our laboratory is looking forward to replacing our current Hologic Cervista® HPV with The APTIMA HPV® in the near future.

Test Updates

Troponin Interpretation Changes

In order to give more clear directions for the Lab Troponin and the POC Troponin, we have made some changes to both Troponin tests. These changes were made in light of requirements for the chest pain center accreditation and feedback from the following departments: Laboratory, Emergency Department, Hospitalists and Cardiology.

Lab Troponin:

99th Percentile Cut-off: >0.03 ng/mL

A single Troponin result greater than 99th percentile cut-off may not be sufficient to declare a diagnosis of ACS. For results >0.03 ng/dL, serial Troponin testing is recommended. Please correlate clinically with symptoms, ECG and other diagnostic modalities.

Critical Range >1.5 ng/dL (Lab will continue to call these critical values)

Note: The 99th Percentile Cut-off is >0.08 for the Point of Care Troponin.

POC Troponin:

99th Percentile Cut-off is >0.08 ng/dL

A single Troponin result greater than 99th percentile cut-off may not be sufficient to declare a diagnosis of ACS. For results >0.08 ng/dL, serial Troponin testing is recommended. Please correlate clinically with symptoms, ECG and other diagnostic modalities.

Note: The 99th Percentile Cut-off is >0.03 for the Core Laboratory Troponin.

The Critical range which was >0.09 ng/dL was removed. These will no longer show in powerchart as RED, they will be purple with an “H” flag.

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Laboratory Services

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Reference Range Updates

Calcium

The reference range for Calcium has been changed. A normal range study performed in-house indicated the upper limit of the normal range needed to be changed.

New Range: 8.8-10.5. Old Range: 8.6-10.2

Meetings

2013 AACC Annual Meeting

The 2013 AACC Annual Meeting is being held in Houston. This yearly meeting allows global leaders in clinical chemistry, molecular diagnostics, mass spectrometry, translational medicine, lab management, and other areas of laboratory science in laboratory medicine to connect and learn about cutting edge technology and changes in the field. Our laboratory has attended this convention in the past and used information gathered there as an aid in the selection of new technology, new assays and instruments (such as the GenProbe Panther®).

For more information about Billings Clinic Laboratory please call (406) 657-4060. www.billingsclinic.com.

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