

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE UPDATE

Rochester General Hospital • Newark-Wayne Community Hospital

Lab Administration Telephone Numbers

Theodor Mayer, MD, PhD922-9870
William Fricke, MD922-4576
Jackie Blanda922-9870
Tom Glossner922-4488
Kathleen Leibenguth922-9870
Nancy Mitchell922-4274
Shirley Rowland922-4351
Timothy Van Vessem922-4970

Billing and Compliance:

Deborah Winter922-9888

Blood Bank:

Glenda Spencer922-4085

Chemistry:

Lorraine Francisco922-5014
Roberto Vargas, MD.....922-4455

Client Services/Customer Services:

Shirley Slater922-4451

Courier Service:922-4526

Cytology:

Karen Clary, MD922-4121
Joe Foti922-9878

Hematology:

Anne Fassanella922-5232

Histology/Immun:

Janice Pfluke922-4943

Lab Information Services:

David Mancari922-4362

Lakeside Lab:

Judy Gommel395-6095 x4253

Microbiology:

Barbara Hulbert922-4057
Roberto Vargas, MD.....922-4555

Newark Lab:

Larry Bean(315) 332-2349

Pathology Administration:

Dawn Riedy, MD922-4121
Sue Chase922-4965

Phlebotomy:

Beth Schroeder922-4764

Specimen Management:

Sharon Voellinger922-4766

Please Route to:

1. _____

2. _____

4. _____

5. File: Clinical Lab Manual

Important Changes in aPTT & PT (INR) Reagents: Effect on Patient Results

Effective October 27, 2009 the Rochester General Health System will change to an entirely new coagulation system – instrumentation & reagents - for the performance of aPTT, PT (INR) and Fibrinogen. Summarized below are the changes you will see with the new system.

aPTT (Activated Partial Thromboplastin Time) New reagents

- shorter results in the higher ranges
- shorter results in patients on heparin
- therapeutic range = 45 – 75 seconds (old = 60 – 90)
- anticoagulation guidelines and heparin nomogram will be modified
- education for physicians, mid-level providers & nursing will occur in October

aPTT

	New reagents, aPPT sec.	Old reagents, PT sec.
Normal range	22.0 – 32.0	20.4 – 35.2
Therapeutic range	45.0 – 75.0	60.0 – 90.0
Critical value	>134.0	> 150.0

Prothrombin Time (PT) INR New reagents

- show a slightly greater prolongation of the abnormal Prottime in seconds
- *the INR's remain the same*
- therapeutic and critical values for the INR remain the same

PT

	INR, new & old	New reagents, PT sec.	Old reagents, PT sec.
Normal range		9.4 – 11.2	9.7 – 12.7
Therapeutic range	2.0	20.1	19.2
	3.0	29.6	26.4
	4.0	38.9	33.1
Critical value	>5.0	>48.2	>39.4

CLINICAL LABORATORIES UPDATE

Chlamydia trachomatis and Neisseria gonorrhoeae Testing

Effective 11/2/2009, Rochester General Hospital Microbiology and Molecular Diagnostics Laboratory will be utilizing a new methodology for the detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* (CT/NG). We will be moving to the Gen-Probe Aptima Combo 2 Assay on the Tigris DTS automated system for the detection of these organisms. This is a target capture nucleic acid probe test for the qualitative detection of ribosomal RNA from CT/NG combining the advanced technologies of transcription-mediated amplification (TMA) and dual kinetic assay (DKA) to test for these organisms from a single specimen. The benefits of this assay to you and your patients are:

Confidence in test results:

- The APTIMA combo 2 assay is a highly sensitive nucleic acid amplification test that is becoming the standard of choice for testing of these organisms.
- Absence of inhibition by blood or other interfering substances reduces inhibitory results as compared to other amplified assays.
- Absence of cross reactivity from other species virtually eliminates false positive results as compared to other amplified assays. Test specificity and sensitivity are nearly 100%.

Collection and Transport:

- Unisex swabs, available from the laboratory for female endocervical and male urethral specimens decreases the



need for 2 types of collection.

- Urine specimens are acceptable for both GC and Chlamydia on males and females, providing accurate results with a non-invasive specimen.
- Collection kits can be stored at room temperature and transported following collection between 2 and 30 degrees C.
- **See Aptima Specimen Collection Guides (available from the lab) for information on proper specimen collection of both swab and urine samples. Proper collection of specimens is essential for this testing.**

If you have any questions or need further information please call the Microbiology Laboratory at 922-4555. For collection devices, please contact our Courier Department at 922-4526 or indicate on your laboratory supply order form. We look forward to serving you and your patients.

Trace Element Testing

The Rochester General Hospital Department of Pathology and Laboratory Medicine offers trace element testing for several different sample types for both serum and red cell analysis. Effective immediately, we will no longer be able to offer red cell analysis of copper and zinc. The Wadsworth Center of New York State requires that any laboratory proposing to offer trace element testing on alternative matrices such as hair, nails, or packed cells be specifically approved prior to offering such a test. At this time,

there are no laboratories approved for trace elements in packed cells. We strongly recommend that any health assessment of copper or zinc status be conducted on serum or plasma specimens, for which robust reference ranges are available, along with certified reference materials (serum). Our Laboratory Collection Stations are equipped to collect and prepare serum or plasma specimens for zinc and copper at any time. Please call Client Services at 922-4451, should you require further information.

Stratus CS Point of Care Instruments Removed from Service

New Chemistry instrumentation implemented in February 2009 has improved the turn around time for Emergency Department Troponin I results from an average of 40 minutes to 33 minutes. Point of Care (POC) cardiac marker testing performed in Adult ED since June 2007 produced results within 22 minutes. With the improved turn around time on the Chemistry analyzers, Point of Care car-

diac marker testing was underutilized. The Stratus CS Point of Care instruments were therefore removed from service on September 14, 2009. This organizational improvement removed duplication as well as a platform that no longer fits our existing model. Removing the Stratus CS Point of Care instrument will free up Adult ED resources and POCT team members to work on other important projects.

CLINICAL LABORATORIES UPDATE

HELPFUL HINTS

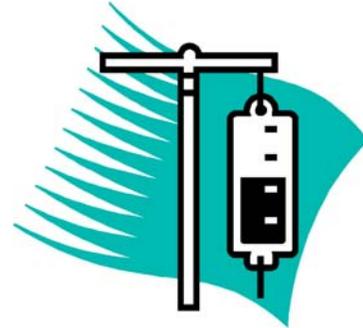
Hematology Hints

“Smear for Doctor” Clarification

Process for ordering a “Smear for Doctor:”

- Lavender top tube is drawn on the patient and sent to the Hematology lab
- Laboratory makes and stains a blood smear
- Smear is held at the Hematology desk for ordering doctor to examine or collect the slide
- After one week, the slide is filed

The slide is not reviewed by a technologist or pathologist.



Blood Bank - Helpful Hints for Inpatient Transfusions

- Confirm Doctor’s order.
- Confirm Consent Form is complete.
- Ensure Patient Blood Recipient ID (yellow) band in place and contains all information.
- Check patient temperature.
- Ensure Patient IV site patent.
- Pre-medicate, if recommended.
- Print and complete pick up requisition.
- Obtain unit from Blood Bank.
- Confirmation by 2 (RN and 1 other professional):
 - Patient identifiers match unit tag
 - Blood unit number on bag matches tag
- Carefully spike unit bag (RN).
- Start transfusion (RN).
- Monitor vital signs and lung sounds per protocol (RN or LPN).

If you any questions regarding Inpatient Transfusions, please contact Blood Bank Manager, Glenda Spencer, MT (ASCP) SBB at 922-4085.

Ordering Urinalysis tests Are you aware?

UA Reflex to microscopic

A dipstick (macroscopic) urinalysis that reflexes to a microscopic examination if any of the following results are obtained:

Appearance is turbid or cloudy

Hgb (blood) is trace or greater

Protein is 30 mg/dL or greater

Nitrite is positive

Leukocyte esterase is trace or greater

If the urine is negative for these parameters, no further testing is done.

UA Reflex to Microscopic, Reflex to Culture

A dipstick (macroscopic) urinalysis that reflexes to a microscopic examination using the above guidelines. If any of the following microscopic results are positive, a urine culture is added:

Wbc’s are present (6/hpf or greater)

Bacteria is present (>10/hpf)

If the urine microscopic exam is negative for these parameters, no culture is added.

If you order the Reflex to Culture, you get the culture automatically if above criteria is met. No phone call to the Laboratory is necessary.

Remember to provide symptoms or diagnosis that justifies the specific laboratory request. Charges to the patient reflect only those tests which were actually performed.

CLINICAL LABORATORIES UPDATE

Laboratory Manual

The Rochester General Hospital Department of Pathology and Laboratory Medicine is updating the Laboratory Test Procedure Manual. Information about individual departments, as well as test collection information is available for all testing performed at Rochester General Hospital. The manual and test database can be accessed electronically on the hospital intranet, and on the Rochester General

Hospital System web site. If you would like to have a hard copy made available to you, please contact our Client Services at 922-4451.

<http://www.rochestergeneral.org/rochester-general-health-system/healthcare-professionals/>

Laboratory Collection Station Updates

We're moving...just around the corner!

Our Laboratory Collection Station at Southview Commons will be closing Saturday November 21 and relocating to our newly enlarged and renovated facility at 2561 Lac De Ville Blvd., Suite 102, Rochester, N.Y. 14618. The phone and fax numbers are (585) 256-3488, fax (585) 256-0644. We will be open

Monday through Friday 7:30 am – 4:30 pm and Saturday 8:00 am – Noon. Note: Saturday hours begin at the Lac De Ville location on Saturday 11/28.

We look forward to providing you with the same quality of service you have come to expect.



CLINICAL LABORATORIES UPDATE

New Pap Test Requisition

The Cytology Laboratory has implemented a new full page requisition for the submission of Cervicovaginal cytology specimens (Pap tests) to Rochester General Hospital. The new requisition is in a standardized format that will allow us to provide copies on demand in a more timely fashion, rather than the current re-ordering process. The new requisition is more cost efficient for the laboratory and hospital. With the new requisition and process we have much

greater control over edits to the requisition especially with the addition or subtraction of providers, or changes in locations. The content and information requested on the new form has not significantly changed. We hope to have a smooth transition and believe our providers will find the new requisition easy to read and use. Any issues or concerns with the new requisition should be directed to Karen Clary M.D., Director of Cytology, at 922-4121.

Recognition for a job well done...



Pictured left to right: Tim Van Vesseem, Sr. Manager Laboratory Services; Kathleen Leibenguth, Sr. Director Laboratory Administration; Beth Schroeder, Manager Phlebotomy; Nancy Mitchell, Program Director School of Medical Technology; Shawn Toddy, Business Development Manager ARUP Laboratories

ARUP Laboratories sponsored an event to celebrate its 25 years of service and recognize Excellence in Laboratory Medicine in Service, Education and Research. Of over 1000 nominations, only 25 awards were given; two Rochester General Health System Laboratory team members received an award. Nancy Mitchell, Program/Regulatory Manager in Laboratory Services was recognized for her Excellence in Education. Nancy is the Director of the Rochester General Hospital School of Medical Technology. It is due to her enthu-

siasm, compassion and diligence that the school continues an impressive run of over 75 years of service, graduating 655 students since its inception. Beth Schroeder, Manager of the Phlebotomy Department, received both an Excellence in Service and Excellence in Education award. Beth was recognized for her hard work in educating her team members and improving patient satisfaction scores from the 2nd to 74th percentile. Beth and Nancy are true servant leaders. Congratulations!

CLINICAL LABORATORIES UPDATE

Pathology Staffing Updates

We are pleased to announce the addition of **Dr. Brooke Henninger** to the Department of Pathology and Laboratory Medicine staff. Dr. Brooke Henninger received her Bachelor's and Doctor of Medicine degrees from the University of Rochester. She completed her residency in Anatomic and Clinical Pathology at the University of Washington Medical Center in Seattle Washington. Dr. Henninger completed her fellowships at New Haven Hospital/Yale Medical School and Baystate Medical Center in Springfield, MA. Please extend a warm welcome to Dr. Brooke Henninger.



We would also like to congratulate **Dr. Sarah Singal** on her recent retirement effective June 2009. Dr. Singal served over 14 years of laboratory service at the Genesee Hospital and Rochester General Hospital. We wish Dr. Singal well in her retirement and look forward to seeing her at special events and activities in the future.

