**Discontinued Testing**

Amniotic Fluid Phosphatidylglycerol Discontinued (AMFLPG)

Effective April 30, 2015, Tri-Cities Laboratory and its hospital affiliates discontinued phosphatidylglycerol testing for assessment of fetal lung maturity due to discontinuation by the manufacturer. The recommended replacement testing is the Lamellar Body Count (LBC) available via send-out to our partner facility PAML.

Cryptosporidium Smear Discontinued (CRYPTO)

Effective June 15, 2015 the Cryptosporidium Smear will be discontinued. Cryptosporidium antigen (CRYPAG) continues to be orderable for detection. Stool immunoasays are very specific and more sensitive than routine smear examinations. Detection of Cryptosporidium parvum antigen via enzyme immunoassay is both sensitive (97.3%) and specific (100%).

For more information, please contact your local marketing representative.

Tri-Cities Laboratory
7131 W. Grandridge Blvd.
Kennewick, WA  99336
1.800.213.6372
509.736.0100
www.tricitieslab.com

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**Local Test Menu Expansion**

Tri-Cities Laboratory is continually evaluating our local test menu in order to provide our clients and their patients with the quickest turn around time possible. Our goal is to have 99% of the tests ordered on a routine basis performed in our community. In the first two quarters of 2015, we have added the following to our test menu:

**Aptima Testing**

_Chlamydia trachomatis, Neisserial Gonorrhoeae, Trichomonas vaginalis_

Chlamydia and gonorrhea are the most commonly reported notifiable sexually transmitted bacterial infections. Trichomoniasis is the most prevalent non-viral sexually transmitted parasitic infection. The Aptima Combo 2 assay and Trichomonas vaginalis assay are the most sensitive nucleic acid amplification tests currently available. Both tests are now available locally for quicker diagnosis and treatment.

**Treponema Pallidum (TREP)**

Treponema pallidum syphilis testing is now available locally. The assay detects antibodies to the proteins of Treponema pallidum in human serum or plasma. Syphilis is primary acquired by sexual contact, but can be transmitted from mother to fetus. If untreated, syphilis can cause serious effects such as damage of the heart, aorta, brain, eyes, and bones. Use of the assay via the reverse algorithm approach has been shown to increase detection of both early primary and late-latent infections that would have been missed using a traditional testing approach. Initial antibody screening and RPR testing will be performed at Tri-Cities Laboratory. Confirmation testing of discrepant results will continue to be forwarded to our reference laboratory (PAML).

**Rapid HIV 1/2 Antibody, Antigen (HIVR4G)**

An improved HIV 1/2 Antigen/Antibody screening combo test is now available for needle-stick source patients in exposure screening protocols in the outpatient setting. Exposure screening protocols for inpatient testing at our partner hospitals will continue to use the HIVR order code at this time.

The new assay detects both HIV 1/2 antibodies and the HIV-1 antigen (p24) which can appear as early as 12-26 days after infection, whereas HIV 1/2 antibodies alone first appear 20-45 days after infection.

**Hematology Manual Differentials**

Reactive Lymphocyte Clarification

Manual differentials on Complete Blood Counts (CBCs) now have additional clarification for differentiation of reactive lymphocytes vs. atypical lymphocytes. Atypical lymphocytes identified on a smear will be forwarded to a pathologist for review.
Lourdes Medical Center β-HCG Update

On June 29, 2015, Lourdes Medical Center will be updating their β-hCG assay to the 5th International Standard assay. This assay will only be performed for Inpatient and Emergency Department patients. This assay is the first β-hCG assay that is standardized to the highly purified World Health Organization (WHO) 5th International Standard (IS) for chorionic gonadotropin. The new assay includes a few performance changes.

Expected Reference Range:

Non Pregnant Female < 5.0 mIU/mL
Post Menopausal Female <11.6 mIU/mL **
Post-menopausal status should be confirmed using circulating FSH and estradiol levels.

Pregnant Female

<table>
<thead>
<tr>
<th>Approximate Gestational Age</th>
<th>Approximate hCG Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.2—1 Week</td>
<td>5—50</td>
</tr>
<tr>
<td>1—2 Weeks</td>
<td>50—500</td>
</tr>
<tr>
<td>2—3 Weeks</td>
<td>100—5000</td>
</tr>
<tr>
<td>3—4 Weeks</td>
<td>500—10,000</td>
</tr>
<tr>
<td>4—5 Weeks</td>
<td>1,000—50,000</td>
</tr>
<tr>
<td>5—6 Weeks</td>
<td>10,000—100,000</td>
</tr>
<tr>
<td>6—8 Weeks</td>
<td>15,000—200,000</td>
</tr>
<tr>
<td>2—3 Months</td>
<td>10,000—100,000</td>
</tr>
</tbody>
</table>

Specimen Labeling Tips

For reliable identification, two patient identifiers are required.

The two identifiers are:
1. The patient’s **first and last name**

   **AND**

2. A patient specific **identification number**, such as:
   ♦ Birth date
   ♦ Requisition number
   ♦ Accession number or bar code
   ♦ Hospital or medical record number