MODIFIED TEST MENU FOR COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Kajal Sitwala, MD, PhD, Section Head, Laboratory Hematology; Gene Shaw, MD, Chair, Clinical Pathology; Steven Mattila, MT (ASCP), Technical Director, Laboratory Hematology

In 2012, the Hematology section of Marshfield Labs began transitioning to the newest generation of automated hematology analyzers (Beckman-Coulter DxH 800). The updated technology improves accuracy of the 10,000 cell automated differential, and also improves detection of abnormal cells. Implementation has also occurred at many regional centers (Beckman-Coulter DxH 600). Note that at all centers there are still many triggers, flags, patient-specific alerts, and uncommon cell types that result in peripheral slide review and/or manual differential count (for example, blasts or activated lymphocytes).

Starting November 17th, leukocyte differential count methodology will be determined within the hematology laboratory, consistent with current practices at similar institutions. The test code “HGMPM” (hemogram with platelet count and manual differential) will be retired, and all CBC+diff assays will be ordered as “HGMPA” (hemogram with platelet count and automated differential, with reflex to scanned slide or manual differential as appropriate). A list of characteristics that trigger a manual differential count is available in the Online Test Reference Manual under the link to Slide Review Criteria.

The following assay codes remain available to ordering physicians: “HCON” (slide review by pathologist) and “SLDR” (slide sent to clinician office).

continued on page 2
Note that Drs. Mercier, Shaw, and Sitwala strongly recommend that complete blood counts be ordered with differentials on outpatients, as total WBC count by itself is not useful in most settings. For monitoring hemoglobin and/or platelet levels, those individual assays (HGB and PLT) may be more appropriate than “HGMP” (hemogram with platelet count, which includes WBC but no differential). For inpatients, it may be reasonable to use HGMP, as daily differential counts are redundant in many non-heme/onc patients.

LAB UPDATE: STREPTOCOCCUS PNEUMONIAE ANTIGEN TEST NOW PERFORMED IN-HOUSE

Thomas Novicki, PhD, DABMM, Clinical Microbiologist

SUMMARY

As of November 10, 2014, Marshfield Labs began performing the S. pneumoniae antigen test in-house at the Marshfield Center. (This test is currently available as a send-out to Mayo Medical Laboratories.) This is a rapid test that is performed on urine and cerebrospinal fluid (CSF). It is intended to be used to aid in the diagnosis of pneumococcal pneumonia, bacteremia, and meningitis. This change will eliminate the transit time and improve the time-to-reporting interval.

At the same time, Streptococcus pneumoniae Antigen, Urine (test code STPURSO) will be retired and replaced with a new test name and code. (See below for ordering information.)

TEST INFORMATION

Test Name: Streptococcus Pneumoniae Antigen
Order Code: STRP-AG
CPT Code: 87899

SPECIMEN REQUIREMENTS

Fasting: No
Specimen Type: Random urine, clean, leak-proof container, 2 mL, refrigerated. CSF, sterile container, 0.5 mL, refrigerated.
Performing Lab: Marshfield Center, Monday to Friday
Turn-around-time: 1 day

CONTACTS

Technical: Dr. Joyce L. Flanagan, 715-221-6310
Interpretive: Dr. Thomas Novicki, Dr. Thomas Fritsche, 715-221-6300 (ext. 16300)

REFERENCES