

**To All Medical
Laboratory Users:**

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Update has the following
articles:**

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MEDICAL LABORATORIES

**Obsolete Test at Mayo: LAB6283 JFHPAF
Helicobacter pylori Antigen, Fecal**

**New Test Code: LAB6442 JHPFRP H-Pylori with
Clarithromycin Resistance Prediction, Molecular
Detection PCR**

New Requirements:

1. Collect fresh fecal specimen and submit 1 gram or 5 mL in container with transport medium.
2. Place feces in preservative within 2 hours of collection. Preservative is Para-Pak C and S
3. Place vial in a sealed plastic bag

****Preservative available in lab, call 434 924 5227**
Please read Procedure Catalog for instructions**

Alzheimer Disease Evaluation, Spinal Fluid

Orderable in Epic: LAB6291

**For collection process read procedure catalog
Biomarker tube available from lab. Call 4-5227 prior to
collection. CSF not collected in this tube will be
rejected.**

Clinical Laboratory Stewardship Subcommittee Reconstituted

The Clinical Laboratory Stewardship Subcommittee (CLSS) was re-formed in the fall of 2020 and has been meeting monthly in 2021. It is an update of the previous Laboratory Utilization Subcommittee and is co-chaired by James Harrison, MD, PhD, and George Hoke, MD. Its membership includes 11 laboratory staff and 15 clinical staff members. As a subcommittee of the Patient Care Committee, the CLSS is advisory to the UVA Clinical Laboratory and the Patient Care Committee. It provides evidence-based reviews and recommendations on UVA Health System policy and processes related to laboratory testing, including order sets, protocol orders, reflex testing, critical values, the laboratory test menu, laboratory test naming, and laboratory decision support. Meetings are open to clinical staff and trainees. Contact Jim Harrison at jhh5y@virginia.edu for more information.

**IF YOU HAVE AN ARTICLE(S) YOU
WOULD LIKE TO SHARE CONTACT:**

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Endocrine Critical Values Updated

Critical high values for prolactin, T3, and total T4 are being retired, and the critical value for free T4 will be raised from 3 to 4.5 ng/dL. These changes bring practices at UVA more in line with national norms and focus attention on patients most likely to benefit from critical value callback. The change was recommended after review by the Clinical Laboratory Stewardship Subcommittee and approved by the Patient Care Committee.

Anion Gap Upper Critical Limit Set at 35

A root cause analysis performed in 2020 recommended establishing a critical upper limit for anion gap. Based on national norms and local data review, the Clinical Laboratory Stewardship Committee recommended setting the limit at 35, with exclusion of renal and dialysis clinics from callback. This change is expected to yield 20-25 callbacks per year, though not all will be “new” because many will also meet critical value cutoffs for

electrolytes. The change was approved by the Patient Care Committee.

Availability of Fentanyl Reflex after Buprenorphine Confirmation Testing

Buprenorphine is used in opioid addiction therapy, and the presence of buprenorphine/norbuprenorphine in urine is confirmed by LC/MS/MS.

Fentanyl/norfentanyl can be quantitated in the same assay and is usually of clinical interest in patients on buprenorphine therapy. Ordering buprenorphine with fentanyl reflex allows fentanyl to be reported in a buprenorphine confirmation assay if it is present, without requiring an additional order. This change was reviewed by the Clinical Laboratory Stewardship Subcommittee and approved by the Patient Care Committee.

Modifications in Glucose Tolerance Test Menu

In the coming months the UVA Clinical Laboratory expects to retire glucose tolerance tests (GTT) that do not meet American Diabetes Association (ADA) guidelines, and rename three of the four remaining GTTs for clarity. These changes are being made after review by the Clinical Laboratory Stewardship Committee, discussion with clinical services including Endocrine, Cystic Fibrosis, Transplant, and Obstetrics, and discussion in the Patient Care Committee. The retained GTTs and their recommended name changes are:

Current GLUCOSE TOLERANCE (FAST & 2HR ONLY) PANEL [LAB6010]

Rename as GLUCOSE TOLERANCE (NON-GESTATIONAL DIABETES) PANEL

Current GLUCOSE TOLERANCE, 2HR W 90 MIN PANEL [LAB6083]

Rename as GLUCOSE TOLERANCE (GROWTH HORMONE SUPPRESSION) PANEL

Current GLUCOSE TOLERANCE, 3HR (GESTATIONAL) GTT PANEL [LAB6009]

Rename as GLUCOSE TOLERANCE (GESTATIONAL DIABETES) PANEL

The current GESTATIONAL DIABETES SCREEN [LAB879] will be retained as is.

Order sets and preference lists are being reviewed to determine which may be affected by the changes and how any effects can be best managed. The current ADA guidelines are available at:

ADA. Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes. Diabetes Care 2021;44(Suppl. 1):S15-S33.
<https://doi.org/10.2337/dc21-S002>