CompuNet CLINICAL LABORATORIES

QUALITY UPDATE

A monthly publication providing information and updates to CompuNet Clients.

Mission: Improve the Health of Our Community through Excellence in Medical Laboratory Services

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A Client Satisfaction Survey that is FUN and FAST to Complete!

By Kim Stanforth, Marketing

For a one month period, beginning April 15, all clients are encouraged to access a CONFIDENTIAL customer satisfaction survey through the website, SurveyMonkey. The survey is intended to gauge how well we measure up as your lab partner. The survey is a very simple and can be completed in just a couple minutes.

The website link to directly access our survey is: http://www.surveymonkey.com/s.aspx?sm=wNLMNP1wbmu0WyMFACo6_2bw_3d_3d

Rather than having to type in the full website link address noted above, we can also email the link directly to you so that you can simply point and click to go directly to the survey. Feel free to drop me an email at kim.a.stanforth@questdiagnostics.com and I will promptly respond.

We value your feedback and opinions and we assure you that we take your comments seriously. We want to be able to provide the very best in laboratory services but to do so, we need to know what you think of us. **So, please take a couple minutes sometime between April 15 and May 15 and complete the survey.**

Thank you in advance for your participation!

LABORATORY PROFESSIONALS GET RESULTS APRIL 19-25, 2009 National Medical Laboratory Professionals Week

National Medical Laboratory Professionals Week: April 20-24, 2009

Quantitative d-Dimer

By Judy Martin – Hematology Manager

A D-dimer test is ordered, along with other laboratory tests and imaging scans, to help rule out, diagnose, and monitor conditions that cause hypercoagulability, a tendency to clot inappropriately. One of the most common of these conditions is DVT (Deep Vein Thrombosis), which involves clot formation in the deep veins of the body, most frequently in the legs. These clots may grow very large and block blood flow in the legs, causing swelling, pain, and tissue damage. It is possible for a piece of the clot to break off (this broken piece is called an embolus) and travel to other parts of the body, i.e. lung, where the clot can cause a PE (Pulmonary Embolism - blood clot in the lungs). Measurements of D-dimer are also ordered, along with other tests, to help diagnose and monitor DIC (Disseminated Intravascular Coagulation). DIC is a complex acute condition that can arise from a variety of situations including: some surgical procedures, septic shock, poisonous snake bites, liver disease, and postpartum.

With DIC, clotting factors are activated and then used up throughout the body. This creates numerous minute blood clots and at the same time leaves the patient vulnerable to excessive bleeding. Steps are taken to support the patient, while the underlying problem is addressed, and the underlying condition resolved.

Quantitative D-Dimer Testing at CompuNet Clinical Laboratories

Quantitative D-Dimer testing is performed at the MVH and MVH South locations, where the test is on the hospital test menus. It is also offered for our off site clients through using test code **74910R.**

Specimen Collection and Processing:

1.0 ml plasma from a full draw citrated blue top tube. Plasma must be centrifuged (3000 rpm for 10 minutes) within two hours of collection. Stability is four hours at Room Temperature; otherwise it should be frozen at -20^0 C.

See next column for reference ranges and cut-off values.

D-Dimer *cont.*

Reference range: 0.0 - 1.84 mg/L

- A **normal** D-dimer test means that the patient most likely does not have an acute condition or disease that is causing abnormal clot formation and breakdown.
- An **increased** D-dimer indicates the presence of an abnormally high level of fibrin degradation products in the body. It may be due to a DVT, PE, or DIC but it may also be due to a recent surgery, trauma, or infection. Elevated levels are also seen with liver disease, pregnancy, eclampsia, heart disease, and some cancers.

Cut Off Values:

- MVH Cut Off Value: <1.65 mg/L
- MVH South Cut Off Value: < 1.1 mg/L

Different Cut Off Values at MVH and MVH South are due to different instrumentation at the two locations.

Cut Off values are accompanied with the following message: “Values below this cut-off have a high negative predictive value for the exclusion of venous thromboembolism”

A **low Cut Off** D-dimer is most valid and useful when the test is done on patients that are considered to be low-risk (Negative Predictive Value).

If you have any questions please do not hesitate to call Judy Martin at 208-5012.

Insulin Changes – Free and Total – Effective March 10, 2009

By: Roxana Kunkel - Referral Testing Specialist

Quest Diagnostics Nichols Institute has **discontinued** the Insulin Free and Total assays effective March 10, 2009, due to technical issues. This memo outlines the alternate testing options.

Insulin, Total (Free and Antibody Bound)	
Effective Date:	March 10, 2009
Test Code:	36702
Assay Status:	This test will be discontinued for technical reasons.
Alternate Testing:	The recommended alternative is the following test code: **561 – Insulin (Siemens Immulite 2000 Immunoassay).**
Sample Requirements:	Specimen: Serum (red top tube or SST) Volume: Standard: 1.0 mL Minimum: 0.5 mL Ship Temp: Ship refrigerated Reject Criteria: Hemolyzed specimens; specimens received ambient

Insulin, Free (Bioactive)	
Effective Date:	March 10, 2009
Test Code:	**36700** performed by Quest Diagnostics
Assay Status:	This test has been redirected to Mayo Laboratories for technical reasons.
Alternate Testing:	The recommended alternative is the following test code: **36700-Insulin, Free, Serum, performed at Mayo Medical Laboratories.** (The test code remains the same, it has been redirected to Mayo Laboratories)
Specimen Requirements:	The methodology and specimen requirements are similar. Specimen: Serum (red top tube or SST) Volume: Standard: 1.0 mL Minimum: 1.0 mL Ship Temp: Ship refrigerated Reject Criteria: Hemolyzed specimens; specimens received ambient

Free and Total Insulin	
Effective Date:	March 10, 2009
Test Code:	34941
Assay Status:	This test will be discontinued for technical reasons. This group code will no longer be offered.
Additional Information:	The recommended alternatives to be ordered individually: **36700** - Insulin, Free, Serum, and **561** - Insulin. Please submit a **separate specimen** for each test.

The following test is recommended for detection of Insulin Auto antibodies:

Insulin Autoantibody (Kronus Immunoassay)	
Test Code:	**36178**
Specimen Requirements:	Specimen: Serum, refrigerated Volume: Standard: 1.0 mL Minimum: 0.2 mL Reject Criteria: Hemolyzed and grossly lipemic specimens; specimens received ambient

For questions or additional information, please contact Roxana Kunkel at 937-290-7328.

National Medical Laboratory Professionals Week: April 20-24, 2009

***N*ational Medical Laboratory Professionals Week** (NMLPW) is an annual celebration of the medical laboratory professionals and pathologists who play a vital role in every aspect of health care.

NMLPW is a chance for medical laboratory personnel to celebrate their professionalism and be recognized for their efforts. Often, they use this time to inform and educate medical colleagues and the public about the medical laboratory. Since laboratories often work behind the scenes, few people know much about the critical testing they perform every day.

Lab Week is held annually during the last full week of April. **Lab Week 2009 will be held April 20 - 24**. The theme will be **"Laboratory Professionals Get Results"**.

If you would like to join in our NMLPW celebration, complete the puzzle and return to Jessica Hutchinson, Serology Team Leader by 5-1-09. Four winners will be chosen from all entries received. Each winner will receive a gift from our CompuNet company store. Winner's names will be posted in an upcoming issue of Quality Update.

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