

LAB Dept MEETING – Huddles

Date of Meeting: 6/5/2018

Attendees: Jocelyn Ybarra, Myrna Ocab, Priscila Dar, Tammy Rantung, Quang Trinh, Roderick Galvey, Tessa Strickland, Elliott Faure, Melanie Magee, Juanita Fernandez, Vanessa Cardenas, Melinna Ayala, Marissa Calilung, Marie Rutledge, Theda Bryant

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS SAFETY TIP	<ul style="list-style-type: none"> • To all staff for discarding waste in proper container. • Do not block the area between the chemical fume hood and the eyewash. If you use a chair in Serology area, be sure to remove after using. Do not block that area with trash can as well. • Refer to New Waste Management flyers/documents for proper waste disposal. 	Informational
	<ul style="list-style-type: none"> • Please DO NOT discuss politics in the lab, and no discussing of differences within races of people in the lab. This is against our policy and it makes some of the staff feel uncomfortable. Please be sensitive in this matter and to not indirectly single people out regarding race topics. • Please remember to follow policy in regards to hygiene and not wearing too much cologne and/or perfume to work it is very distracting and it violates our KP policy. 	ALL STAFF
	<ul style="list-style-type: none"> • PM shift it is every shifts responsibility to check the waste and fluids for the Ortho Vison. On a couple instances the WASTE was overflowing due to PM shift not checking at the start of their shift. Always remember when you dump the waste to ALSO fill up the saline and DI water container. Please check when the weekly will be performed so you don't waste precious liquids like the Saline. For example, if the weekly is due the next day then just put enough for the instrument to operate. • CRPH calibrator and all DXC 600 calibrators- Make sure to load and or check proper calibrator diskette before calibrating. There was a time that we were calibrating CRPH using the wrong parameters; it was correct on one analyzer but incorrect on another. • Before storing anti Xa QC, make sure to replace the rubber stopper or put parafilm on vials before replacing the white cap. • Peripheral smear review from pathologists- Enter results, be sure to initial and date before filing. Complete the peripheral blood smear review log as well. 	CLS

	<ul style="list-style-type: none"> • Use proper Cerner canned comments to be consistent. Example: SR – for Smear Review consistent with automated diff. In process of getting the list for canned comments in Gen Lab to guide us on this. • Reminder to sign CLS communication log at the beginning and end of shift. • Let me know if you need training on Advantus daily maintenance. • Chemistry refrigerator- Reminder to discard extra specimens as well with the specimens in rack after 7 days. These are in biohazard bags with date written on the bag. 	
	<ul style="list-style-type: none"> • Please remember to make sure all boxes are checked for path samples, • Make sure to sign bottom of path book with name, initials, date, time. • NO lines for dates, time, initials are allowed in the path book or anywhere else in the lab. • Please make sure to perform and sign your name for the weekly maintenance for the Cryostat. • C Diff- we are having a cluster of c-diff cases in the hospital. Several action items have been implemented to control this surge. One area of concern is handwashing. Be sure to wash your hands in between patients especially for C. diff patients. A simple act of handwashing can prevent spread of infection and protect our members and yourselves. This was discussed with most phlebotomists already. 	Phlebotomist
UBT	Continue to submit the survey forms distributed by Raquel.	

This concludes the Minutes of the _6/5/18_____ Lab Staff Meeting.

Prepared by: Marissa Calilung/Marie Rutledge/Theda Bryant Date: 6/12/2018

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

LOWER LINEAR RANGE FOR TOTAL PROTEIN, PERITONEAL FLUID AND TOTAL PROTEIN, PLEURAL FLUID

Effective **June 5, 2018**, measurement of **TOTAL PROTEIN, PERITONEAL FLUID [84157G]** and **TOTAL PROTEIN, PLEURAL FLUID [84157F]** will be quantified as low as 1.0 g/dL for consistency of reporting across our region.

QUESTIONS?

Your local Laboratory

Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077

Hedyeh "Heidi" Shafi, MD. Chair, SCPMG Laboratory Operations Quality Subcommittee, 8-363-5822

Waste Management – Patient Care Areas*

Confidential Waste	Medical Waste		Medical Waste
<p>PHI/Confidential Documents</p> <p>Place all paper, DVDs, or CDs into a container that has been designated by your facility for secure destruction through shredding.</p> <p>All Paper Includes:</p> <ul style="list-style-type: none"> • All paper documents (hand written or printed) • After visit summary (AVS) • Care-related faxes • Check-in/Payment receipts • Claims and billing records • Dietary tickets • Encounter lists/ Appt. logs • Medical records • Medical referral forms • Member coverage and benefits information • Patient menus • Patient print out stickers • Patient safety engineering work orders • Pharmaceutical prescription forms • Patient care documents/Medication lists • Patient questionnaires • Post-it sticky notes • Test orders or result printouts • Vendor contracts • Visit notes • Patient wrist bands 	<p>Rig Hazardous/Red Bag Waste</p> <p>Disposable items with any recognizable dry caked blood or any visible fluid blood and/or otherwise potentially infectious body fluids. Band-Aids and gauze with any visible fluid blood or recognizable dry caked blood</p> <ul style="list-style-type: none"> • Used wound cleaning swab and gauze • Chux pads or surgical towels with blood • Blood transfusion bags and/or tubing • Catheters or feeding tubes • Used speculums with batteries removed • Specimen bags or any item labeled with a "Biohazard" symbol ...even if empty! <p>Place in a red bag waste container labeled with a Biohazard symbol AND lined with a Red Bag.</p>	<p>Suction Canisters</p> <p>Blood or body fluid waste that is contained inside of flexible or rigid walled containers. Place used empty suction canisters into biohazard/red bag waste container</p> <p>Place flexible walled suction canisters containing blood and body fluid without solidifier into a biohazard/red bag waste container.</p> <p>Place rigid walled or flexible walled suction canisters containing blood and body fluid with solidifier canisters in a Pathology Waste "Incinerate Only" container.</p>	<p>Pharmaceutical Waste</p> <p>Also called Co-mingled Sharps and Pharmaceutical Waste</p> <p>All non-RCRA hazardous waste pharmaceuticals, prescription or Over-the-Counter (OTC) products</p> <ul style="list-style-type: none"> • IV bags/tubing set containing saline or medications even if empty! • Empty and Partially full injectable medication vials • Loose pills and tablets • Medicinal patches and lollipops • Lubricants, gels, and creams • Nebulizers with any pourable liquid • Live and attenuated vaccine without preservative • Personal care products, soaps, shampoos, toothpaste • Anything that is a sharps waste; Syringes with or without needles. Including flush or feeding syringes • Small items (e.g. cotton ball or 2x2) with fluid or dry blood (where red bag not available) <p>Place in a blue or blue lidded container labeled with the words "Incinerate Only," AND a Biohazard symbol</p>
<p>Pathology Waste</p> <p>Human specimens or tissues removed from a minor procedure, surgery, or autopsy.</p> <ul style="list-style-type: none"> • Skin tags, bone fragments, tissue, fat, surgery specimens or tissues, limbs, other organs, and placentas. <p>Place in a container labeled with the words "Path" or "Pathology Waste," "Incinerate Only," AND a Biohazard symbol</p>	<p>Trace Chemo</p> <p>All materials from the production or administration of chemotherapy agents. Must not have free flowing liquids that will readily pour out</p> <p>Place into a yellow container labeled "Chemo" or "Chemotherapy Waste," "Incinerate Only," AND a Biohazard symbol</p> <p>See EH&S Department for arsenic trioxide waste disposal</p>	<p>Sharps Waste</p> <p>Items capable of puncturing or cutting the skin and that are contaminated or not with blood or potentially infectious body fluids</p> <ul style="list-style-type: none"> • Needles, syringes with or without needles attached, scalpel blades, guide wires, blood vials <p>Place in a red or blue container labeled with a Biohazard symbol; red container must say "sharps", blue container must say "incinerate only"</p>	<p>Pharmaceutical Waste</p> <p>Also called Co-mingled Sharps and Pharmaceutical Waste</p> <p>All non-RCRA hazardous waste pharmaceuticals, prescription or Over-the-Counter (OTC) products</p> <ul style="list-style-type: none"> • IV bags/tubing set containing saline or medications even if empty! • Empty and Partially full injectable medication vials • Loose pills and tablets • Medicinal patches and lollipops • Lubricants, gels, and creams • Nebulizers with any pourable liquid • Live and attenuated vaccine without preservative • Personal care products, soaps, shampoos, toothpaste • Anything that is a sharps waste; Syringes with or without needles. Including flush or feeding syringes • Small items (e.g. cotton ball or 2x2) with fluid or dry blood (where red bag not available) <p>Place in a blue or blue lidded container labeled with the words "Incinerate Only," AND a Biohazard symbol</p>
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* For any waste questions, contact your Safety Operations Leader, Environmental Health and Safety Leader or Compliance Officer.

Waste Management – Hazardous Wastes*

Hazardous Waste

Segregate into proper Black Waste Containers as indicated



RCRA “Most in One” Pharmaceutical and Healthcare Products Hazardous Waste Labeled Black Container - enables the collection of many, but not all, hazardous wastes in the same container.

SHARPS are NOT permitted in the most in one container.

- Procedure site marking pens/skin dyes
- Ultrasound Gels
- Hot/Cold Packs, Infant Heel Warmers
- Monsel's Ferric Substrate Solutions
- Lugol's Solution
- Trichloroacetic Acid/KOH
- Castellami Paint
- Unused Formalin/Cytology specimen container without tissue
- Refrigent packs used in lab or pharmacy for cold chain shipments
- Bulk chemo therapy agents except Arsenic Trioxide – contact EH&S/Safety Ops for instructions
- P-listed Waste – only if approved by EH&S/Safety Ops



“Silver Containing Products Waste” Labeled Black Container

- Silver nitrate sticks, expired or used



“Aerosol Waste” Labeled Black Container

- Unused or partially used
- Foam hand Sanitizer
- Gebauer's Spray
- Granulex Spray
- Hurricane Spray
- Metered dose inhalers
- Small compressed air or gas cylinders

Products containing greater than 24% alcohol, such as:

- Hand Sanitizing Gels
- Alcohol
- Ammonium Inhalant
- Creams/Gels (e.g. hydroquinone, estrojel, divigel, Anebsol)
- Mouthwash
- Cough/Allergy Syrups
- Ear Dry



“P_listed hazardous Waste” Labeled Black Container

- **Pharmacy Use Only****

Products with toxic concentrations of ingredients, such as:

- Antibiotic Eyedrops (thimerosal)
- Antibiotic Nasal spray (thimerosal)
- Multi-dose Flu Vaccines vials (thimerosal)
- Chromium (vitamins)
- Lindane
- Insulin - all brands (M-Cresol)
- Selenium Shampoos
- Creams/Pastes with Silver
- Silver treated wound dressings (e.g. Acticoat, Aquacel)
- Phenol containing medication-throat sprays (e.g. Chloraseptic or GNP)
- Cepastat lozenges



“Dual Waste” Labeled Black Container

- **NOT IN USE IN RIVERSIDE MEDICAL CENTER AREA****

Un-empty Containers or Expired/Unused Products used for cleaning/disinfecting or wound care

- Phenol (liquid, unused/expired swabs)
- Iodine (e.g., swabs or liquid)
- Benzoin tincture
- Chloro-prep sponges/Povidone Iodine pad
- Alcohol wipes (hand towels, injection site prep pads)
- Sani-Wipe, Bleach Canister Containers – expired or with residual liquid

DO NOT PLACE ANY CHEMICALS OR PHARMACEUTICAL PRODUCTS IN THE REGULAR TRASH. IF YOU ARE UNSURE HOW TO DISPOSE OF IT CONTACT YOUR LOCAL EH&S PROFESSIONAL.

NAME: Corrie Sankey

PHONE: 951/353-5513 or 8-258-5513

- *For any waste questions, contact your Safety Operations Leader, Environmental Health and Safety Leader or Compliance Officer.

Universal Waste



Batteries – Place in bin marked “Universal Waste, Batteries”

- All types of batteries including AA, AAA, C, D, 9-volt, button cell/hearing aid, rechargeable, lead acid



Electronic Equipment - Place in bin marked “Universal Waste, Electronic Equipment”

- Equipment that is plug in, battery powered, mercury-containing equipment, or anything with an ON/OFF switch
- Headphones, electric staplers, tabletop lamps, clocks, power strips, printers, televisions, microwaves, motors, ballasts, circuit control boards, DVD players
- Devices that contain batteries such as pumps, cautery pens, speculums, calculators, glucose monitors, flash/pen lights.
- IT products go back to IT for disposal (e.g., items with an EIN, asset tag or bar code).




DO NOT PLACE ANY UNIVERSAL WASTE IN THE REGULAR TRASH



Published Date: March 22, 2018

Waste Educational Document – May 2018

(This is not an all-inclusive list but reflects examples of most frequent questions)

Waste Container	Waste Item
<p>Hazardous Waste Black Container</p> 	<p>All QC's</p> <p>Ice/Cold Packs</p> <p>Unused and Expired Sani Cloth/Wipes</p> <p>Unused and expired Hydrogen Peroxide</p> <p>Unused and expired Alcohol</p> <p>Unused and expired Alcohol Prep Pads</p> <p>POCT Strep A Extractor</p> <p>Hand Sanitizer/ Soap containers, ecolab</p> <p>Clorox wipe bottles with left over liquid</p> <p>ANY ITEM THAT HAS A CHEMICAL AND NOT TOUCHED A PATIENT (i.e. alcohol prep pad, iodine swap, etc)</p>
<p>Biohazardous Waste Red Bag/Container</p> 	<p>Disposable items with recognizable fluid or blood and /or otherwise potentially infectious body fluids</p> <p>Specimen bags even if empty or any item labeled "Biohazard"</p> <p>Cultures (using Identi-hide labels to cover PHI)</p> <p>Specimen Collection Items contaminated with fluid blood or other infectious materials</p> <p>Urine cups (using Identi-hide labels to cover PHI)</p> <p>HCG test device (Pregnancy tests)</p> <p>Gauze with blood</p> <p>Urine Dip Strips</p> <p>Speculum without battery (new or used)</p> <p>POCT Flu Test Device</p> <p>ANY ITEM THAT TOUCHED A PATIENT (i.e. alcohol prep pad, iodine swap, speculum, bandaid, casting material, etc)</p>
<p>Regular Trash</p> 	<p>Paper towels</p> <p>Exam room table paper</p> <p>Gloves</p> <p>Empty saline bottles – not IV's</p>

**Universal Waste –
Batteries**



Batteries

AA, AAA, C, D, 9-volt, button cell/hearing aid.

Pharmaceutical Waste
Labeled "Pharmaceutical
Waste" & "Incinerate Only"
with Biohazard Symbol



Needles

Syringes with or without needles attached (oral, injectable, and ear lavage syringes)

Scalpels

Disposable scissors

Medications (liquid medication, injectables, orals: pills and tablets)

Vials

ALL IV bags and tubing

Lab Informatics Announcement

SCPMG Laboratory System – Laboratory Informatics Department

EFFECTIVE 06/20/2018

KPHC Order Updates

Announcement: Six (6) orders will be inactivated due to test discontinuation by Regional Reference Laboratories or Quest Diagnostics.

Changes: Below is the list of KPHC Orders impacted and the reason for change.

KPHC Order Code INACTIVATION		
Order to be Inactivated	Alternate Replacement Order	Reason for Change
CLOSTRIDIUM DIFFICILE, DONOR STOOL, TOXIGENIC + NAP1 STRAIN, [247948]	CLOSTRIDIUM DIFFICILE ANTIGEN AND TOXINS A AND B W REFLEX TO PCR [231607]	Test discontinued by Regional Reference Laboratories - Virology
MEAT FIBERS SMEAR, STOOL [89160A]	None available	Test discontinued by Outside Lab
BUTABARBITAL [80345D]	None available	Test discontinued by Outside Lab
AMOBARBITAL LEVEL, SERUM [80345M]	None available	Test discontinued by Outside Lab
PENTAZOCINE LEVEL, GC [80307A]	None available	Test discontinued by Outside Lab
CHLORAL HYDRATE LEVEL, GAS CHROMATOGRAPHY [82441C]	None available	Test discontinued by Outside Lab

Distributed by: Laboratory Informatics Department
11668 Sherman Way, North Hollywood, CA 91605
Phone: (818) 503-6894 or Tie Line: 8-397-6894

Issue Date: June 5, 2018

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

MICROPOLYSPORA FAENI

Since April 2018, the Regional Reference Laboratories have noticed a high number of positive results to ***Micropolyspora faeni*** on the hypersensitivity pneumonitis panel, which was previously a rare occurrence. This may be due to a change in lot number of the *Micropolyspora faeni* antigen. The Regional Reference Laboratories have not been able to reach the vendor to confirm whether they are aware of this issue.

In an urban environment, *M. faeni* is most likely to be encountered in a contaminated air conditioning system. Although the accuracy of a positive *M. faeni* result is currently uncertain, if the suspicion of hypersensitivity pneumonitis is high, it might be prudent to advise patients with a positive result to have their air conditioning system inspected by a mold remediation service.

QUESTIONS?

Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077

Bruce J. Goldberg, MD, PhD, Physician Director of Allergy-Immunology: 818-392-7292

Technical Bulletin

Laboratory Care Delivery System – Regional Reference Laboratories

GLUCOSE TOLERANCE TESTS FOR POST-2-HOURS (CYSTIC FIBROSIS) AND POST-1-HOUR

The SCPMG Laboratory Care Delivery System is pleased to announce that starting on **June 20, 2018**, there will be two additional glucose tolerance tests available for 1-hour and 2-hours. Please see the two pages below for additional details, and update any filters and personal preference lists if needed.

The new order for “**GLUCOSE TOLERANCE TEST, 2 HRS (FBS, 2 HR GLUCOSE), CYSTIC FIBROSIS [253260]**” is designed for the cystic fibrosis patient population. It includes an initial fasting blood sugar collection, a 75g glucola administration, and a post-2-hour glucose level. The reference ranges and critical values for glucose results will reflect the existing ones for “GLUCOSE, FASTING [82947B]” and “GLUCOSE, 2 HR POST 75 GM PO GLUCOSE [82950I]”, respectively.

The new order for “**GLUCOSE TOLERANCE TEST, 1 HR (FBS, 1 HR GLUCOSE) [253261]**” is meant to better support providers and patients who would like to get a fasting blood sugar collection prior to the 1-hour post-50g glucola screening protocol for gestational diabetes. It includes an initial fasting blood sugar, a 50g glucola administration, followed by a post-1-hour glucose level. The reference ranges and critical values for glucose results will reflect existing ones for “GLUCOSE, FASTING [82947B]” and “GLUCOSE, 1 HR, POST PO GLUCOSE, GESTATIONAL DIABETES [82950E]”, respectively.

TEST INFORMATION

KPHC Order Display Name	GLUCOSE TOLERANCE TEST, 2 HRS (FBS, 2 HR GLUCOSE), CYSTIC FIBROSIS	GLUCOSE TOLERANCE TEST, 1 HR (FBS, 1 HR GLUCOSE)
KPHC Order Proc Code	253260	253261
LRR Result Component Names	1. GLUCOSE, FASTING, PRE 75 G GLUCOSE PO, SER/PLAS 2. GLUCOSE 2H POST 75 G GLUCOSE PO	1. GLUCOSE, FASTING, PRE 50 G GLUCOSE PO, SER/PLAS 2. GLUCOSE 1H POST 50 G GLUCOSE PO
LRR Result Component ID	1. 25392 2. 1396	1. 24841 2. 1388
LRR Result Component CID	1. 12125288 2. 1201396	1. 12124738 2. 1201388
BaseName	1. FBS 2. GTT2HR	1. FBS 2. GTT1HR
KRMS Proc Description	GTT 2HR CF	GTT 1 HR
KRMS Proc Code	8295112	8295114

QUESTIONS?

Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077
 JiYeon Kim, MD, MPH; Physician Director, Esoteric Chemistry & Immunology, Special Coagulation:
 818-503-6710 or tie line 8-397-6710

Technical Bulletins are archived on **LABNET** for your convenience.
<http://kpnet.kp.org:81/california/scpmg/labnet/index.htm>



LABORATORY TESTS FOR DIAGNOSING AND MONITORING DIABETES						
DIAGNOSTIC FOR DIABETES MELLITUS (DM) OR GESTATIONAL DIABETES, choose from following:			DIAGNOSTIC FOR GESTATIONAL DIABETES MELLITUS (GDM), choose from following:			
Test Name	Interpretation	Follow-up	Test Name	Interpretation	Follow-up	
Glucose, Random [82947A]	Normal 70-140 mg/dL Elevated: 140-199 mg/dL DM: >200 mg/dL <i>in setting of classic symptoms of hyperglycemia or hyperglycemic crisis</i>	Confirm with fasting glucose or A1c	Glucose Tolerance Test, 2 hours, Gestational Diabetes [82951AR]	One-step GDM strategy <i>FBS</i> • Fasting: 70-91 mg/dL <i>Post-75g Glucola 2hr</i> • 1hr: 70-179 mg/dL • 2hr: 70-152 mg/dL	Perform when fasting and at 24-28wks gestation, one abnormal result is diagnostic of GDM.	
Glucose, Fasting [82947B]	Normal: 70-99 mg/dL Pre-DM: 100-125 mg/dL DM: ≥126 mg/dL <i>FBS, or fasting blood sugar, is defined as glucose level after no caloric intake for at least 8hrs.</i>	Confirm any new diagnosis of diabetes with repeat testing.	Glucose, 1 hour, Gestational Diabetes [82950E]	Two-step GDM strategy – Part 1 <i>Post-50g Glucola 1hr</i> Normal: 70-134 mg/dL <i>Upper cutoff can vary from 129 mg/dL for greater sensitivity to 139 mg/dL for greater specificity</i>	Nonfasting result, perform at 24-28wks gestation; if abnormal, proceed to Glucose Tolerance Test, 3 Hours, Gestational Diabetes [82951A].	
Glucose, 2 hr, Post 75 g PO Glucose [829501]	<i>Post-75g Glucola 2hr</i> Normal: 70-139 mg/dL Pre-DM: 140-199 mg/dL DM: ≥200 mg/dL		Glucose Tolerance Test, 3 hours, Gestational Diabetes [82951A]	Two-step GDM strategy – Part 2 <i>Post-100g Glucola multiple</i> • Fasting: 70-94 mg/dL • 1hr: 70-179 mg/dL • 2hr: 70-154 mg/dL • 3hr: 70-139 mg/dL	Perform when fasting, two abnormal results of the 4 time points confirm diagnosis of GDM.	
Hemoglobin A1c, screening or prediabetic monitoring [83036H]	Normal: 4.5-5.6% Pre-DM: 5.7-6.4% DM: ≥6.5%					
NEW GLUCOSE TOLERANCE TEST, 2 HRS (FBS, 2 HR GLUCOSE), CYSTIC FIBROSIS [253260]	<i>FBS</i> Normal 70-99 mg/dL Pre-DM: 100-125 mg/dL DM: ≥126 mg/dL <i>Post-75g Glucola 2hr</i> Normal 70-139 mg/dL Pre-DM: 140-199 mg/dL DM: ≥200 mg/dL			**NEW** GLUCOSE TOLERANCE TEST, 1 HR (FBS, 1 HR GLUCOSE) [253261]	<i>FBS</i> Normal 70-99 mg/dL Pre-DM: 100-125 mg/dL DM: ≥126 mg/dL <i>Post-50g Glucola 1hr</i> Normal: 70-134 mg/dL <i>Cutoff can vary from 130 mg/dL for greater sensitivity to 140 mg/dL for greater specificity</i>	Perform when fasting; if only the post-50g glucola result is abnormal, proceed to Glucose Tolerance Test, 3 Hours, Gestational Diabetes [82951A].
MONITORING TEST FOR GLYCEMIC CONTROL						
Test Name	Interpretation	Follow-up				
Hemoglobin A1C, diabetic monitoring [83036I]	0-17yrs: <7.5% 18-64yrs: <7.0% 65-75yrs: <7.5% ≥76yrs: <8.0%	Reflects ~3 mo of glycemic control, except in conditions impacting RBC life span; susceptible to some interference with Hg variants				
Fructosamine [82985B]	Normal: 205-285 μmol/L	Reflects ~2 wks of glycemic control, perhaps better for GDM monitoring Less well-studied than A1c in any context				
References:						
<ul style="list-style-type: none"> American Diabetes Association. Classification and Diagnosis of Diabetes. Diabetes Care. 2017 Jan;40(Suppl 1):S11-S24 Committee on Practice Bulletins—Obstetrics. ACOG Practice Bulletin No. 190: Gestational Diabetes Mellitus. Obstet Gynecol. 2018 Feb;131(2):e49-e64. Carpenter MW, Coustan DR. Criteria for screening tests for gestational diabetes. Am J Obstet Gynecol 1982;144:768–773 						