



**STANDARDIZED TESTING / OPERATING PROTOCOL REQUEST/ANNOUNCEMENT**

**iRICELL Complete Urinalysis System Go Live and UA Standardization**

Description:	Annie Penn, Moses Cone, Wesley Long, and Women’s Hospital will go live with iRICELL urinalysis testing and Alamance and Greensboro/Reidsville laboratories will standardize urinalysis testing and reporting procedures.
Implementation Date:	12/05/17 at 0900
Performing Locations:	<p><b>Click on the boxes that apply:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Alamance Regional</li> <li><input type="checkbox"/> Alamance Cancer Center</li> <li><input checked="" type="checkbox"/> Annie Penn Hospital</li> <li><input checked="" type="checkbox"/> Med Center at Mebane</li> <li><input checked="" type="checkbox"/> Med Center at High Point</li> <li><input checked="" type="checkbox"/> Moses Cone Hospital</li> <li><input checked="" type="checkbox"/> Wesley Long Hospital</li> <li><input checked="" type="checkbox"/> Women’s Hospital</li> </ul>
Affected Locations:	<p><b>Click on the boxes that apply:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Alamance Regional</li> <li><input type="checkbox"/> Alamance Cancer Center</li> <li><input checked="" type="checkbox"/> Annie Penn Hospital</li> <li><input checked="" type="checkbox"/> Med Center at Mebane</li> <li><input checked="" type="checkbox"/> Med Center at High Point</li> <li><input checked="" type="checkbox"/> Moses Cone Hospital</li> <li><input checked="" type="checkbox"/> Wesley Long Hospital</li> <li><input checked="" type="checkbox"/> Women’s Hospital</li> </ul>



<p>Affected Departments:</p>	<p><b>Click on the boxes that apply:</b></p> <p><input type="checkbox"/> Blood Bank  <input type="checkbox"/> Cytology  <input type="checkbox"/> Flow Cytometry  <input type="checkbox"/> Histology  <input type="checkbox"/> Microbiology  <input type="checkbox"/> Phlebotomy  <input type="checkbox"/> Point of Care  <input checked="" type="checkbox"/> Rapid Response Lab  <input type="checkbox"/> Respiratory Therapy  <input type="checkbox"/> Specimen Processing</p>
<p>Specimen Type:</p>	<p>Urine collected in an acceptable urine container. NOTE: Specimens for iRICELL analysis must <b>not</b> be collected in Medegen urine cups with blue lid due to possible interference of silicate particles. Urine specimens received in these Medegen cups must be tested using an alternate method.</p>
<p>Updated Clinical Lab Procedures:</p>	<p><b>Alamance and Mebane:</b>                  UA-700-Meb                  UA-702-Meb                  UABF-709-AR                  UA-702-AR                  UABF-708-AR</p> <p><b>Greensboro/Reidsville:</b>                  UA-4522-CH Urinalysis Reporting Procedure                  UA-4551-CH Urinalysis Information Sheet                  UA-4510-CH Microscopic Examination of Urines                  UA-4505-CH Multistix Visual Method                  UA-4500-CH Testing of Routine Urinalysis Specimens and Operation of CLINITEK Atlas                  UA-4550-CH Testing of Routine Urinalysis Specimens and Operation of CLINITEK Advantus                  QM-1720C-XX Test Menu and Proficiency Testing Enrollment                  UA-4555- CH iRICELL Urinalysis Information Sheet <b>*NEW*</b>                  UA-4554-CH IRIS iQ200 Auto Particle Recognition (APR) Guide <b>*NEW*</b>                  UA-4556-CH Testing of Routine Urinalysis Specimens and Operation of the iChemVELOCITY <b>*NEW*</b>                  UA-4553-CH Testing of Routine Urinalysis Specimens and Operation of the iQ200 <b>*NEW*</b></p>
<p>Retired Clinical Lab Procedures:</p>	<p>UA-4500-WL Testing of Routine Urinalysis Specimens and Operation of CLINITEK Atlas with Rack Sample Handler                  UA-4500L-WL Atlas Maintenance Log</p>
<p>Notification to Client:</p>	<p><b>Click on the boxes that apply:</b></p> <p><input type="checkbox"/> Section Not Applicable</p>



	<p><input checked="" type="checkbox"/> Memo Needed  <b>Memo sent to Medical Staff on 12/01/2017</b></p> <p><b>Distribution of Memo:</b></p> <p><input checked="" type="checkbox"/> Medical Staff</p> <p><input checked="" type="checkbox"/> Allied Health Professionals (PA, Nurse Practitioners)</p> <p><input checked="" type="checkbox"/> Anesthesia</p> <p><input checked="" type="checkbox"/> Annie Penn (Primary Source Physicians)</p> <p><input checked="" type="checkbox"/> Dentist</p> <p><input checked="" type="checkbox"/> Emergency Department/Urgent Care Centers</p> <p><input checked="" type="checkbox"/> Family Practice</p> <p><input checked="" type="checkbox"/> Infectious Docs #ID Docs          (John Campbell, Robert Comer, Jeffrey Hatcher, Cynthia Snider, Kees Van Dam)</p> <p><input checked="" type="checkbox"/> OB/GYN</p> <p><input checked="" type="checkbox"/> Pathology</p> <p><input checked="" type="checkbox"/> Pediatricians</p> <p><input checked="" type="checkbox"/> Psych</p> <p><input checked="" type="checkbox"/> Radiology</p> <p><input checked="" type="checkbox"/> Surgery</p> <p><input type="checkbox"/> #Nursing Leadership (Directors, Asst. Directors, Clinical Nurse Manager)</p> <p><input type="checkbox"/> Pharmacy - Send to DeAnne Brooks &amp; Jim Hasspacher</p> <p><input type="checkbox"/> #IM Residents</p> <p><input type="checkbox"/> Kim Helsabeck</p> <p><input type="checkbox"/> Phlebotomy Managers and Supervisors</p> <p><input type="checkbox"/> Point of Care: Sheila, Kim &amp; Marty</p>
<p>Accreditation Section:</p>	<p><b>Click on the boxes that apply:</b></p> <p><input type="checkbox"/> Section Not Applicable</p> <p><input checked="" type="checkbox"/> CAP Test menu change needed          Added Urinalysis Microscopic Automated (2893) to the sites CAP Test Menu that are implementing the IRIS.          Deleted Urinalysis dipstick Manual (waived) (2756) from applicable sites CAP Test Menu.</p> <p><input type="checkbox"/> CMS Analyte form change needed</p> <p><input checked="" type="checkbox"/> Proficiency Testing surveys changes needed or ordered          Urinalysis Microscopic Automated PT survey (UAA) ordered for 2018          ICHEM instruments (CMP1) proficiency testing replaced CMP for 2018          The IRIS will be our primary method so please run CAP proficiency testing on the IRIS.          Please perform method comparison and alternate assessment PT on the following:</p> <ul style="list-style-type: none"> <li>• Advantus to IRIS</li> <li>• Manual microscopic to IRIS automated microscopic</li> </ul>



**Click box and type needed changes/additions:**

Section Not Applicable

LIS changes

TEST CODE	CURRENT	NEW
Urinalysis Complete	UA- Greensboro/Reidsville UACOMP- Alamance	UACMP
Urine Microscopic	UMIC	UMICI

Reference range change/addition

Technical Failure change/addition

**UGL  $\geq$  1000 mg/dL  $\rightarrow$   $\geq$  500 mg/dL**

Critical Value change/add

Text comments needed

Specimen collection instructions

Need to monitor TAT

CPT code for tests(s)

**The following changes have been made and will be tested according to Go Live Task List by each site, IT, and QA departments:**

- Sperm PRES in female under 15 years (FAIL AUTOVER) – **Iris only**
- UNCX (FAIL AUTOVER) – **Iris only**
- Red/Blue AFCOL (FAIL AUTOVER) – **Iris only**
- BIOCH comment on all urines with color other than YELLOW, COLORLESS, STRAW – **All sites**
- TP  $\geq$  300 mg/dL – **Iris default change only**
- GLU  $\geq$  500 mg/dL – **Advantus, Status, Atlas, and Manual Dipsticks**
- Keyboard change for MUCS (d  $\rightarrow$  D) – **Manual Microscopy**
- New Keyboard = UA (set to default) – **Advantus, Status, Atlas, and Manual Dipsticks**
- Removal of RBCCL and DYSRBC from keyboard – **Manual Microscopy**
- Defaulting C-IRQCA, C-IRQCB, C-IRQCC – **Iris only (GSO/Reidsville)**
- iQ Controls: Adding dummy test code for IQPOS and IQNEG and qualifying it for Iris methods (IQPCNT) – **Iris only (GSO/Reidsville)**
- Update **ARMC** and **MEB** to GSO reporting structures (1+, 2+... [Symbol] small, mod...)
- Update MND comment with new glucose cutoff of 500 mg/dL – **All sites**
- Add ASCORA to online string to allow ascorbic acid to be reported during QC – **Iris only**

Laboratory IT section:



<p>Technical Staff Update:</p>	<p>At 0900 on December 5th, 2017, the Cone Health laboratories will standardize urinalysis testing and reporting. Annie Penn, Moses Cone, Wesley Long, and Women’s Hospital will go live with iRICELL Complete Urinalysis System testing.</p> <p><b>All sites:</b></p> <ul style="list-style-type: none"> <li>• Utilize new Sunquest UA keyboard to enter urinalysis results that are not autoverified.</li> <li>• Perform conditional microscopic examination on UACMP and/or UMAC orders if positive protein, positive blood, positive leukocyte esterase, positive nitrite, and/or glucose <math>\geq 500\text{mg/dL}</math></li> </ul> <p><b><u>Note: Orders placed for UACOMP (ARMC/Mebane) and UA (GSO/Reidsville) prior to go live will need to be credited and manually reordered as UACMP.</u></b></p> <ul style="list-style-type: none"> <li>• Cease pathologist review if more than 15 renal tubular epithelial cells are seen per 10 high power fields.</li> <li>• See attached documents <i>IRIS Go Live Information Summary</i></li> <li>• See attached <i>Go Live Tasks</i></li> </ul> <p><b>iRICELL sites only:</b></p> <ul style="list-style-type: none"> <li>• Update site specific Rapid Response Lab Quality Control Chart, QM-1649 with iChemVELOCITY and iQ Control/Focus urinalysis control material if applicable.</li> <li>• Record parallel testing of new lot reagents on Reagent Verification Log QM-1715F-CH.</li> </ul> <p><b>Alamance:</b></p> <ul style="list-style-type: none"> <li>• iRICELL analyzer settings should be updated with standardized gating and report format settings in AM of 12/05/17.</li> <li>• Utilize TRICHM and USPRM test codes to report Trichomonas and Sperm PRESENT.</li> </ul> <p><b>Greensboro/Reidsville:</b></p> <ul style="list-style-type: none"> <li>• Cease testing of supernatant from grossly bloody urines. For grossly bloody urines, report Color and Clarity results only in LIS and enter comment NRCI ‘Test Not Performed due to Color Interference’ for all other macroscopic results.</li> </ul>
<p>STOP Initiator:</p>	<p>Amy Younts- Meredith</p>



Alamance/ MedCenter Mebane Medical Director Signature/Date:	Quality Department will obtain signature: <i>John B. Kurland</i> 12.4.17
Greensboro/ Reidsville Medical Director Signature/Date	Quality Department will obtain signature: <i>John Patenaude, MD</i> 12/4/17



# IRIS- Go-Live information Summary

## ALL SITES (Including Clinitek Users):

- Grossly Bloody Specimens-
  - Discontinue biochemical testing of supernatant
  - Report only Color and Clarity only in LIS
  - Enter comment 'NRCI' (Test not performed due to color interference) for all other macroscopic results
- Urinalysis biochemical reporting format-

Analyte	IRIS Reporting Options	Clinitek Reporting Options	Multistix 10SG Manual Dipstick Reporting Options
Specific Gravity	1.005-1.046 (Report >=1.046 as >1.046; Report <=1.005 as <1.005)	ADVANTUS & STATUS: 1.000, 1.005, 1.010, 1.015, 1.020, 1.025, 1.030 (Report <=1.005 as <1.005; Report >=1.030 as >1.030) ATLAS: AMR= 1.000-1.046 (Report >1.046 as >1.046)	1.000, 1.005, 1.010, 1.015, 1.020, 1.025, 1.030 (Report <=1.005 as <1.005; Report >=1.030 as >1.030)  **Add 0.005 if pH >=6.5
pH	Numeric 5.0, 6.0, 7.0, 8.0, 9.0	ADVANTUS & STATUS: 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5, >9.0 ATLAS: Numeric	Numeric 5.0, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5
Ketone	Neg, 5, 20, 80 mg/dL	Neg, 15, 40, >=80 mg/dL	Neg, 15, 40, >=80 mg/dL
Bilirubin	Neg, Small, Mod	Neg, Small, Mod, Large	Neg, Small, Mod, Large
Protein	Neg, 30, 100, >=500mg/dL (report as >=300mg/dL)	Neg, 30, 100, >=300mg/dL	Neg, 30, 100, >=300mg/dL
Blood	Neg, Small, Mod, Large	Neg, Small, Mod, Large (report TRACE as SMALL)	Neg, Small, Mod, Large (report TRACE as SMALL)
Nitrite	Neg or Pos	Neg or Pos	Neg or Pos
Leukocyte Esterase	Neg, Trace, Small, Mod, Large	Neg, Trace, Small, Mod, Large	Neg, Trace, Small, Mod, Large
Glucose	Neg, 50, 150, >=500mg/dL	Neg, 100, 250, 500, >=1000mg/dL (report >=1000mg/dL as >=500mg/dL)	Neg, 100, 250, 500, 1000, 2000mg/dL (report 1000mg/dL & 2000mg/dL as >=500mg/dL)

- No path review required for > 15 renal tubular epithelial cells per 10hpf
- Report WBCCL (White Blood Cell Clumps) if PRESENT
- Report NSEPI (Non-Squamous Epithelial Cells) using semi-quantitative grading criteria
- Individual test codes made for each type of crystal & cast. These are reported as PRESENT. An exception to this is the presence of crystals not identified by the IRIS which are reported under CRYST test code as a canned comment: NH4U, HA, BIL, SUL, CHCRY
- Perform microscopic exam when Glucose >=500mg/dL
- Use 'UA' keyboard in Sunquest for result entry

## IRIS Users Only:

- Use 'UA' keyboard in Sunquest ONLY for non-autoverified result entry



- Suspected QNS specimens should have biochemical testing performed using backup methodology to determine if a microscopic exam is required. If a microscopic exam is required, perform microscopic testing on the iQ200 or via manual microscopy. QNS specimens must be resultated manually in Sunquest using the 'UA' keyboard.



## Iris (Greensboro/Reidsville) Go Live Tasks

**All of these tasks/items are in the Live (NC2) environment. Do not use TEST81 or TESTAR.**

Please initial as these tasks/items are completed/verified.

**Important Note: If ordering a test patient in NC2, please use TEST- to generate MRN.**

1. Enter current lot of CA, CB, CC and IQ QC into Sunquest if not already present.
2. Perform QC.
  - Verify QC crosses into Sunquest.
  - Verify CA, CB, CC default to C-IRQCA, C-IRQCB, C-IRQCC.
  - Verify ASCORA result is present for each level.
  - Verify C-IQPOS and C-IQNEG cross appropriately.  
Note: Remember you must change the Specimen ID from the NC or PC number to C-IQNEG or C-IQPOS
3. Perform Iris to Advantus and Iris to Manual Microscopic Instrument Comparison
  - Perform urinalysis and microscopic on five specimens on the Iris/Advantus/Manual Microscopic.
  - Fill out *QM-1517L?-CH Urinalysis Comparability of Methods Worksheet*
  - Attach to blue *QM-1925F-CH* and obtain appropriate signatures.
  - File with Urinalysis Method Comparisons for 2017.
  - Also, attach comparison to purple/pink *QM-1525F-CH* and obtain appropriate signatures.
  - File this with your 2017 Alternate Assessments.
4. In Live environment, order the following and record the accession number:  
*In lieu of manually ordering the below tests, you can use real patient orders. Just make sure you record the applicable accession number.*
  - UACMP: Accession \_\_\_\_\_
  - UMAC: Accession \_\_\_\_\_ \*positive specimen
  - UMAC: Accession \_\_\_\_\_ \*negative specimen
  - UDIP: Accession \_\_\_\_\_
5. Analyze the above four samples on the Iris.
  - Verify UACMP performs microscopic.
  - Verify UMAC (positive specimen) performs microscopic.
  - Verify UMAC (negative specimen) does **NOT** perform microscopic.
  - Verify UDIP does **NOT** perform microscopic.
  - Save Iricell printouts for all four specimens and attach to this form.  
*If printout does not automatically print, please request printed copy from Iricell.*
6. Verify BIOCH comment is automatically added in Sunquest for urines with colors other than yellow, straw or colorless:  
*In lieu of manually ordering the below tests, you can use real patient orders. Just make sure you record the applicable accession number.*



- UACMP: Accession \_\_\_\_\_
  - UMAC: Accession \_\_\_\_\_
  - UDIP: Accession \_\_\_\_\_
7. Verify examples of the following and record applicable accession number:
- Patient with glucose  $\geq$  500 mg/dL: Accession \_\_\_\_\_
  - Patient with total protein  $\geq$  300 mg/dL: Accession \_\_\_\_\_
- Hint: Order a test patient and use CB as test material. This control has greater than values for both glucose and total protein.*
8. Verify USPRM in female < 16 years old does not autofile in Sunquest.
- Order UACMP on 14 year old female: Accession \_\_\_\_\_
  - Perform analysis and add USPRM to microscopic results.
  - Release results to Sunquest.
  - Report results in Sunquest.
  - Attach copy of Iricell printout to this form.
9. Verify UCOL BLUE and RED do not autofile in Sunquest
- Order UDIP: Accession: \_\_\_\_\_ (red)
  - Order UDIP: Accession: \_\_\_\_\_ (blue)
  - Perform analysis and change colors to red or blue.
  - Release results to Sunquest.
  - Report results in Sunquest.
  - Attach copy of Iricell printout to this form.
10. Verify UNCX present does not autofile in Sunquest
- Order UACMP: Accession: \_\_\_\_\_
  - Perform analysis and classify particle as UNCX.
  - Release results to Sunquest.
  - Report results in Sunquest.
  - Attach copy of Iricell printout to this form.

**Once completed, please scan and email this checklist and supporting documentation to Jackie Hobbins.**



## Status (MedCenter Mebane) Go Live Tasks

All of these tasks/items are in the Live (NC2) environment. Do not use TEST81 or TESTAR.

Please initial as these tasks/items are completed/verified.

### Important Note: If ordering a test patient in NC2, please use TEST- to generate MRN

1. In Live environment, order the following and record the accession number:  
*In lieu of manually ordering the below tests, you can use real patient orders. Just make sure you record the applicable accession number.*
  - UACMP: Accession \_\_\_\_\_
  - UMAC: Accession \_\_\_\_\_ \*positive specimen
  - UMAC: Accession \_\_\_\_\_ \*negative specimen
  - UDIP: Accession \_\_\_\_\_
2. Analyze the above four samples on the Iris.
  - Verify UACMP performs microscopic.
  - Verify UMAC (positive specimen) performs microscopic.
  - Verify UMAC (negative specimen) does **NOT** perform microscopic.
  - Verify UDIP does **NOT** perform microscopic.
  - Save Status printouts for all four specimens and attach to this form.
3. Verify examples of the following and record applicable accession number:
  - Patient with glucose  $\geq$  500 mg/dL: Accession \_\_\_\_\_
  - *Hint: Order a test patient and use positive control material.*



## Advantus (MedCenter High Point) and Status (Alamance) Go Live Tasks

All of these tasks/items are in the Live (NC2) environment. Do not use TEST81 or TESTAR.

Please initial as these tasks/items are completed/verified.

**Important Note: If ordering a test patient in NC2, please use TEST- to generate MRN**

- Verify examples of the following and record applicable accession number:

- Patient with glucose  $\geq$  500 mg/dL:      Accession \_\_\_\_\_
- Save Advantus printout for specimen.

*Hint: Order a test patient and use positive control material.*



## Advantus (Wesley Long) Go Live Tasks

All of these tasks/items are in the Live (NC2) environment. Do not use TEST81 or TESTAR.

Please initial as these tasks/items are completed/verified.

**Important Note: If ordering a test patient in NC2, please use TEST- to generate MRN**

1. In Live environment, order the following and record the accession number:  
*In lieu of manually ordering the below tests, you can use real patient orders. Just make sure you record the applicable accession number.*
  - UACMP: Accession \_\_\_\_\_
  - UMAC: Accession \_\_\_\_\_ \*positive specimen
  - UMAC: Accession \_\_\_\_\_ \*negative specimen
  - UDIP: Accession \_\_\_\_\_
2. Analyze the above four samples on the Iris.
  - Verify UACMP performs microscopic.
  - Verify UMAC (positive specimen) performs microscopic.
  - Verify UMAC (negative specimen) does **NOT** perform microscopic.
  - Verify UDIP does **NOT** perform microscopic.
  - Save Advantus printouts for all four specimens and attach to this form.
3. Verify examples of the following and record applicable accession number:
  - Patient with glucose  $\geq$  500 mg/dL: Accession \_\_\_\_\_
  - Save Advantus printout for specimen.

*Hint: Order a test patient and use positive control material.*



## Iris (Alamance) Go Live Tasks

**All of these tasks/items are in the Live (NC2) environment. Do not use TEST81 or TESTAR.**

Please initial as these tasks/items are completed/verified.

**Important Note: If ordering a test patient in NC2, please use TEST- to generate MRN.**

1. In Live environment, order the following and record the accession number:  
*In lieu of manually ordering the below tests, you can use real patient orders. Just make sure you record the applicable accession number.*
  - UACMP: Accession \_\_\_\_\_
  - UMAC: Accession \_\_\_\_\_ \*positive specimen
  - UMAC: Accession \_\_\_\_\_ \*negative specimen
  - UDIP: Accession \_\_\_\_\_
2. Analyze the above four samples on the Iris.
  - Verify UACMP performs microscopic.
  - Verify UMAC (positive specimen) performs microscopic.
  - Verify UMAC (negative specimen) does **NOT** perform microscopic.
  - Verify UDIP does **NOT** perform microscopic.
  - Save Iricell printouts for all four specimens and attach to this form.  
*If printout does not automatically print, please request printed copy from Iricell.*
3. Verify BIOCH comment is automatically added in Sunquest for urines with colors other than yellow, straw or colorless:  
*In lieu of manually ordering the below tests, you can use real patient orders. Just make sure you record the applicable accession number.*
  - UACMP: Accession \_\_\_\_\_
  - UMAC: Accession \_\_\_\_\_
  - UDIP: Accession \_\_\_\_\_
4. Verify examples of the following and record applicable accession number:
  - Patient with glucose  $\geq$  500 mg/dL: Accession \_\_\_\_\_
  - Patient with total protein  $\geq$  300 mg/dL: Accession \_\_\_\_\_*Hint: Order a test patient and use CB as test material. This control has greater than values for both glucose and total protein.*
5. Verify USPRM in female < 16 years old does not autofile in Sunquest.
  - Order UACMP on 14 year old female: Accession \_\_\_\_\_
  - Perform analysis and add USPRM to microscopic results.
  - Release results to Sunquest.
  - Report results in Sunquest.
  - Attach copy of Iricell printout to this form.
6. Verify UCOL BLUE and RED do not autofile in Sunquest
  - Order UDIP: Accession: \_\_\_\_\_ (red)
  - Order UDIP: Accession: \_\_\_\_\_ (blue)



- Perform analysis and change colors to red or blue.
  - Release results to Sunquest.
  - Report results in Sunquest.
  - Attach copy of Iricell printout to this form.
7. Verify UNCX present does not autofile in Sunquest
- Order UACMP:      Accession: \_\_\_\_\_
  - Perform analysis and classify particle as UNCX.
  - Release results to Sunquest.
  - Report results in Sunquest.
  - Attach copy of Iricell printout to this form.

**Once completed, please scan and email this checklist and supporting documentation to Jackie Hobbins.**





TO: Cone Health Hospital Providers

FROM: Joshua B. Kish, MD, FCAP, FASCP  
Chief of Pathology, Cone Health

*Joshua B. Kish, MD* 12/1/17

John Patrick, MD, FCAP  
Medical Director, Clinical Pathology, Cone Health

*John Patrick, MD*  
12/1/17

DATE: December 1, 2017

SUBJECT: **Urinalysis Standardization, Effective December 5, 2017**

The Cone Health hospital laboratories will standardize urinalysis reporting at all locations. Annie Penn, Moses Cone, Women's, and Wesley Long will implement new instrumentation, iRICELL<sup>®</sup> 1500/2000 Automated Urinalysis Workcells. This technology is already in use at Alamance Regional and provides urine biochemical testing with fully automated microscopy. When coupled with reflex microscopy protocols, the iRICELL<sup>®</sup> 1500/2000 will reduce urinalysis turnaround times.

In order to maximize benefits from new technology and standardize reporting across locations, the laboratory has updated reporting structures and Cone HealthLink orders.

**Important Reporting Changes:**

Change	Alamance Current	Greensboro/Reidsville Current	New Cone Health
Semiquantitative Result Format	Negative, 1+, 2+, 3+	Negative, Small, Moderate, Large	Negative, Small, Moderate Large

**Important Order Changes:**

Order	Order Code	Description
Urinalysis, Macroscopic with Reflex Microscopic	LAB348	Microscopic performed only with positive protein, blood, nitrite, leukocytes, or glucose $\geq$ 500 mg/dL
Urinalysis, Dipstick Only	LAB9026	Urine biochemical testing only, no microscopic
Urinalysis, Complete	LAB9197	Urine microscopic always performed

**Please note: For faster turnaround times, please use *Urinalysis Macroscopic with Reflex Microscopic* order when applicable.**

For further information, please contact the following:

Dr. Joshua Kish: [jbkish@auroradx.com](mailto:jbkish@auroradx.com) or 336-832-8074

Dr. John Patrick: [jdpatrick@auroradx.com](mailto:jdpatrick@auroradx.com) or 336-832-8074