

Weekly Updates

January 3, 2014

Test	Description of Changes	Affected Individuals				
Monthly Lab Meeting Changes	<ol style="list-style-type: none"> 1. Location: Changing to the behavioral health conference room. 2. Food: Catered lunch every other month (Jan, March, May, July, September, November). On the non-catered lunch, please bring your own lunch. 	All Staff				
Wet Preps	Regarding ' <i>Specimen greater than 1 hour old, Trich result may be compromised</i> ' comment: It is not necessary to include this comment on an <i>old</i> specimen that has Trich present.	Bench Techs				
Wet Preps	If the wet prep has no fluid in the tube, add SALINE, not water to rehydrate the swab.	Bench Techs				
ESR Controls	<p>ESR controls have been drifting, so here is a reminder of the QC technique for preparing new vials of controls. (Note: This is not the entire procedure, just the pertinent section.)</p> <table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>If controls are refrigerated, remove and allow to warm to room temperature, approximately 20 to 30 minutes.</td> </tr> </tbody> </table>	Step	Action	1	If controls are refrigerated, remove and allow to warm to room temperature, approximately 20 to 30 minutes.	Bench Techs
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1	If controls are refrigerated, remove and allow to warm to room temperature, approximately 20 to 30 minutes.					

	2	Vortex unopened vials for up to 60 seconds prior to first time use. Mix previously opened vials through inversion and by vigorously rolling upright between palms until red cells are completely suspended. Continue to mix for 90 seconds.	
	3	Allow bubbles to disperse and re-mix by gently inversion immediately prior to sampling.	
	4	Pipette the sample immediately after mixing is completed. <i>If mixed vials sit for more than 1 minute before pipetting into the sample, the vial must be remixed by repeating steps 2 and 3. Incomplete mixing can invalidate both sample drawn and the remaining product in the vial.</i>	
	5	Pipette control into tube to fill to the 60mm marked line. Mix tube by inverting the tube at least 6 to 8 times. The air bubble in the tube must reach the opposite end of the tube between every inversion. Hold the tube at an angle of about 35° to enhance mixing. The mixing procedure is very important!	
	6	Place filled tube on ESR-657 mixer. Allow to mix for three minutes.	
ESR Technical Hints	We have placed a Technical Troubleshooting Guide from Streck, on the clipboard for ESR. Please review.		Bench Techs
Influenza	<p>Starting January 1st, QC will only be performed with each new box, new operator, or when result or instrumentation are questioned.</p> <p>Coinciding with this change, the test log has changed as well. We will have one set of log sheets per box of influenza. There is space on the first sheet to fill out QC info and attach the QC printout out.</p> <p>For calibrations, please attach the calibration printout to the test log as well.</p> <p>Please see Denelle if you have questions or concerns.</p>		Bench Techs

H. Pylori Breath Tests These are now eligible for a transfer list. They will be on a separate list from NPH to WHC. Please see the sign posted in sendouts. I would recommend opening a new Transfer application that is just NPH to WHC. The other Transfer application will be the regular NPH to HCMC list.

All Staff

Baby Bilis The Baby Bili controls are good for 14 days once opened.

Bench Techs

Recently we had a pediatric patient who had the following results when only a hgb was ordered:

Positive
Diff. Morph.

WBC	14.04	[10 ³ /uL]
RBC	5.19	[10 ⁶ /uL]
HGB	11.7	[g/dL]
HCT	35.4	[%]
MCV	68.2	[fL]
MCH	22.5	[pg]
MCHC	33.1	[g/dL]
PLT	433	[10 ³ /uL]

Eos
significance

RDW-CV	14.5	[%]
MPV	9.0	[fL]

NEUT	33.3	* [%]
LYMPH	37.6	* [%]
MONO	7.0	* [%]
EO	21.6	[%]
BASO	0.5	[%]

WBC IP Message(s)
Lymphocytosis
Eosinophilia

Atypical Lympho?

Bench Techs

This is abnormal. It is worth notifying the provider of the abnormality and asking if they would like to add-on a CBC, Plt & Diff. We would have performed a slide review because of the Atypical Lympho flag.

The normal range for pediatric patients is 0-6% Eos.

The providers have predicted this child likely has a parasitic worm infection.

**ACE Alera
Pkg Inserts**

The binder is now above the bilirubinometer. Please file new package inserts from 2014 into the binder. The newest package insert should always be in front of each reagent section. Thanks for your help.

All Staff

Procedure Additions, Updates and Changes: