**Chemistry Update 05/03/2022**

**Hospital Updates**

While it is sometimes difficult to keep up with general hospital news, please make every effort to do so as we transition to new processes with Jefferson. Keeping email updates in a specific folder is helpful so you can find things easily. Please ask if you need help setting this up in your email.

As you may know, The OnPoint Event Reporting System is now being used for event reporting rather than the PSN, our email has changed and soon timekeeping for paychecks will change.

**Chemistry Updates**

1. On the last CAP proficiency survey, we failed a fentanyl response. There was no reason we could offer except for random error. We do not know if that random error was with the Architect with a carryover event or a Tech error with contamination when pouring over. The primary tube produced the correct negative result, while the pourover used was consistently positive. Allan did a series of very good carryover/contamination studies to show that there was no specimen mixup or obvious contamination.

Please be aware that *the smaller the pour over sample, the less material is needed to contaminate it* – an example would be a baby bullet. A drop or two of a contaminating specimen is all that it would take to cause a false positive. In a 2 mL serum specimen, it may be undetectable.

Techs: We have been reminded again to be exceptionally careful, not just with CAP specimens - but all specimens to be sure they are handled according to established protocol as well as CAP instructions. Thank you.

1. We will be doing a tube comparison between BD gold top tubes and a company called Accumen. The BD Gold top tubes are on backorder until August. I will let everyone know when/if we make the change. In the meantime, continue to use the BD tubes.
2. Please don’t forget to keep working on your competency forms for this year so there is no rush in August.
3. Please put some thought into the comments that are added to results. I think every clinician understands the significance of hemolysis on a K+ result. But if you note that an LDH specimen is hemolyzed, be prepared to explain how that may affect the specimen if we are called on it. Also, please don’t indicate just “Repeated” on any result. Why was it repeated? Was there a sampling or instrument problem? Do we not believe the result? A simple “repeated to check” or “repeated to verify” is better.
4. Don’t forget:
5. For low sample A1c volumes, we use the 12 x 75 conical bottom tubes.
6. Please be aware of IgA, IgG and IgM results. A result of <25 was let go and it should have been re-run without the dilution to quantitate.
7. Do NOT use the packing slips provided by Abbott to log what is being received. These will be placed on my door. Do not write on them. A copy of the ordering sheets will be left at the desk (or on my door, or on Allan’s desk) and the # of items received will be logged there.
8. Please be careful to load AM specimens on the analyzers ASAP. We are not meeting the expected TAT for these specimens.

Thank you!