

Announcement – Clinical Laboratory Update

September 11, 2020

Cardiolipin Antibodies

We are in the process of validating a modern, new instrument which will enable us to expand our on-site test menu and improve turnaround time for results. During this validation process, certain in-house tests will need to be referred out temporarily. Effectively immediately, Cardiolipin antibodies will be referred out. We will send a notification when these tests are once again performed on-site.

For additional information, please contact:

Dr. Yanping Gong, Pathologist: KGH ext.3664, or Donnah Pocius, Core Laboratory Manager: KGH ext. 4182

IgE

After an extensive review of assay performance, we have decided to discontinue on-site testing for IgE tests and send samples to our reference laboratory for analysis. The test code for ordering is IGEOU. The expected turnaround time for results is 10 days. Please be aware that the new test site results will not trend with previous in-house results.

New Reference Range:

| | |
|----------------|-----------|
| 0 – 1 year: | ≤15 kU/L |
| 1 – 6 years: | ≤60 kU/L |
| 6 – 10 years: | ≤90 kU/L |
| 10 – 16 years: | ≤200 kU/L |
| >16 years: | ≤100 kU/L |

For additional information, please contact:

Dr. Yun Huang, Clinical Biochemist: KGH ext.4137, or Donnah Pocius, Core Laboratory Manager: KGH ext. 4182

Ionized Calcium

To provide accurate test results, the Vacutainer tube must be at least 50% filled. Tubes received with less than 50% blood volume will have to be rejected.

For additional information, please contact:

Dr. Yun Huang, Clinical Biochemist: KGH ext.4137, or Donnah Pocius, Core Laboratory Manager: KGH ext. 4182

Thyroid Stimulating Hormone Receptor Antibody

Please note that Thyroid Stimulating Hormone Receptor Antibody, is also known as

- Long-acting Thyroid Stimulator
- TBII
- Thyrotropin-binding Inhibitory Immunoglobulin
- TRAb
- TSH Receptor Antibody

- TSH Receptor-binding Inhibitory Immunoglobulin

This test which is sent to our reference laboratory had been reported as either as % inhibition or as concentration (IU/L). Our laboratory has been informed that reporting as % inhibition is no longer available. Effectively immediately, this test will be reported only as IU/L.

For **additional information, please contact:** Dr. Yun Huang

Volatile Substances

Please note that validation of testing for volatile substances (i.e. methanol, isopropyl alcohol, acetone, and ethylene glycol) on our new Agilent Gas Chromatograph instrument is now complete.

Regular testing hours: Monday to Friday 8:00am to 4:00pm.

After hours, weekends and holidays: Specimens will be accepted for testing when the calculated osmolar gap is > 10. Special requests (e.g. osmolar gap <10) will require approval by telephone consultation between the ordering physician and the Clinical Biochemist on duty.

Sample Collection:

SST, PST, plain red-stoppered, or lithium heparin tubes must be used and samples must be centrifuged unopened. Samples are stable for 3-4 days at 4°C when tightly sealed.

Interpretation of Results:

| Analytes | Reference Concentration (mmol/L) | Lowest Reportable Concentration | Toxic Concentration (mmol/L) |
|-----------------|---|---|-------------------------------------|
| Acetone | <2 | 2.0 | >6 |
| Ethylene Glycol | <4 | 4.0 | >4 |
| Isopropanol | <1 | 1.0 | >6 |
| Methanol | <6 | 2.0 (*For potential organ donors: continue with monitoring after approval by Clinical Biochemist) | >6 |

For additional information, please contact:

Dr. Yun Huang, Clinical Biochemist: KGH ext.4137, or Donnah Pocius, Core Lab Manager: KGH ext. 4182

Aldosterone

Effective immediately, all specimens for Aldosterone testing must be collected into an **EDTA (Lavender top) tube**.

Aldosterone testing is performed in a reference laboratory which has indicated that this change is necessary due to new methodology (liquid chromatography mass spectrometry). This provides improved analytical specificity; it is the gold standard method.

We are revising the information on the barcode label and the Lab Users' Handbook (on-line), as both currently incorrectly state lithium heparin (LiHep), which **cannot** be sent for testing.

Note that the **RENIN** test, which also requires EDTA (Lavender top), cannot be combined with Aldosterone into one sample, as there is insufficient plasma in a single EDTA for both tests to be performed. Please collect a **separate EDTA (Lavender top) tube for each Renin and Aldosterone test requested.**

For additional information, please contact:

Kerry Benford, ART, MLT, Charge Technologist, (ext 3396)