

CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-02.03 Reflex Testing-PRO			
ISSUED BY:	Administrative Lab Director	REFERENCE #:	LAB-SPC-02.03-PRO	
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2003-09-09	

SCOPE: All clinical areas of the hospital and external customers of the laboratory that may submit samples for testing and all of the Medical staff.

CLINICAL SIGNIFICANCE: The medical staff will annually review all testing that they consider to be reflexed from a known result.

PROCEDURES:

I) URINALYSIS:

- A. Urine Microscopic: Performed in the event of a positive protein, nitrite, or leukocytes, or RBC's on the urine screening.
- B. Clarity result other than 'CLEAR'

NOTE: Clinitest is no longer reflexed, must be ordered by physician.

II) BLOOD BANK:

- A. Transfusion Reaction Work up when indicated.
- B. Antibody Id for all positive antibody screens.
- C. Fetal Screen: Performed when mother is Rh negative and baby is Rh positive.

III) SEROLOGY:

- A. RA titer: performed on positive RA test.
- B. RPR titer :performed on reactive RPR's

IV) CHEMISTRY:

- A. PH for all medical drug screens (no charge to patient).
- B. TIBC /and or Iron: when Iron Saturation ordered.
- C. T7(index)- Calculation, when ordered alone will order T3u and T4

V) MICROBIOLOGY:

- A. ID and Sensitivities: Performed on positive (or sometimes suspicious) cultures when indicated.
- B. Throat culture: Performed on all negative strep screens.
- C. Influenza: This laboratory tests for both Influenza A and Influenza B.
- D. Cryptosporidium/Giardia: If testing for either test is positive on the screen test, the lab will order and result the findings. Per CDC guidelines.
- E. Clostridium difficile testing will include both toxin and antigen testing.



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VI) HEMATOLOGY – Reflex of Manual Differential on Criteria listed:

- A. Atypical Lymphs >5
- B. Metamyelocytes >2
- C. Myelocytes >1
- D. Promyelocytes >1
- F. Blasts >1
- F. Plasma Cells >1
- G. NRBC >0.9
- H. Bands > 5
- I. Immature Granulocytes

NOTE: Refer to LAB-HEM-06.01 Manual Diff and Path Review Criteria-PRO

REFERENCE TESTING: Many tests that are sent out reflex upon positive screen findings Below is only a sampling of reflexive testing

- A. Immunofixation for serum and urine electrophoresis, when indicated by electrophoresis results (upon recommendation of reference lab).
- B. Positive HIV: Western Blot confirmation.
- C. Legal Drug Screens: Auto confirmation of any positive.
- D. Antibody testing reflexes to titer if positive.

VIII). **ANATOMIC PATHOLOGY:** Upon order of molecular, flow cytometry, or cytogenetic studies many tests are reflexed based on initial findings.

RECORDS: These criteria are reported and approved annually by the Medical Staff at the mandatory fall Medical Staff Meeting- see Minutes for validation.

REFERENCE STANDARDS: CAP: GEN.20374

REVISION/REVIEW HISTORY:

Date	Affected	Summary of Changes ('Reviewed' or details of change)	
	Section(s)		
05/16/2011 lds	None	Reviewed/Revised electronically stored in lab G drive.	
10/18/2011 lds	Format	Change format for MCN policy manager	
09/11/2012 DMW	Urines, Clinitest	No longer automatically performing clinitest for children under the age of 2;	
		Must be ordered by the physician. Sent to Med Staff-	
03/13/2013 lds	All	Reviewed no content changes. Newest MCN and Roman Numeral format.	
8/30/2013 dmw	All	Reviewed no changed Medical Staff acknowledgement.	
		Approved by Medical Staff at annual meeting	



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08/11/2014 dmw	II(D&E); VI	II(D)(E) removed, no longer in protocols (wm); VI Moved slide and path review criteria to hematology procedure – not a Part of billed reflex. New criteria for reflex manual diff.
03/11/2015 lds	VII VIII	VII added generic statement of reflex; added Pathology statement
07/29/2015 dmw	VI (H)	Reflex for bands
08/11/2016 dmw	Reviewed by all Sr techs	III delete "performed on cord blood workup"; IV (C)Delete explanation of Lytes. New (C) T7
08/29/2017 dmw	ALL	Approved by the Medical Staff See Med Staff Minutes