

Requests for Laboratory Services

A written order to request the performance of a laboratory test can be initiated by the following parties:

- Staff physicians and dentists who have been granted hospital privileges at St. Cloud Hospital
- A doctor of medicine (MD) or doctor of osteopathy (DO) who is not a member of the medical staff at St. Cloud Hospital, or a non-physician who has authorization from the medical staff and administration to request support services, provided that the following information is obtained:
 - Physician's or non-physician's name, state of licensure, and license number
 - Business address
 - Business telephone number
 - Written request for testing

Submit a signed order from a physician (MD or OD) or an order telephoned in advance by an agent employed by such physician. Oral requests for laboratory testing are permitted only if followed by a subsequent written order within 30 days.

In addition to performing laboratory testing, CentraCare Laboratory Services (CCLS) offers phlebotomy and specimen collection services at all 3 sites:

Hours of Operation		
Site	Week Days	
CCLS Rivercampus	24/7 Special Circumstances	24/7 Special Circumstances
CCLS Plaza	Monday – Friday 7 a.m. to 5 p.m.	Saturday/Sunday 8 a.m. to 12 p.m.
CentraCare Clinic Rivercampus	Monday – Friday 7 a.m. to 5 p.m.	Saturday/Sunday Closed

Customer Service	
Site	Phone Number
CCLS Rivercampus	320-255-5999 or 320-255-5632

Test Ordering and Resulting for St. Cloud Hospital Care Centers and Outpatient Departments

The computer system at St. Cloud Hospital provide or order entry and results reporting of laboratory tests.

Ordering Laboratory Tests

All laboratory tests performed in Chemistry, Cytology, Hematology, Histology, Urinalysis, Microbiology, Specimen Referrals, Serology, or Transfusion Services are requisitioned through the Epic hospital information system. Tests in these departments are requested using the laboratory orders function.

The user orders appropriate test by answering prompts for patient's name, physician, desired test, priority (STAT), and/or desired time and date of collection. Certain tests require additional information which the operator is prompted to supply. Orders placed for cultures require resulting a prompt for "source of culture". Consult the computer manual on the Centranet for additional information.

After desired test is ordered in EPIC, an order passes into Beaker laboratory system/collection manager. A qualified laboratory phlebotomist collects the specimen.

When ordering a test on a specimen that has already been collected, please indicate under “Special Instructions” that the specimen is already in the laboratory.

Epic hospital information system provides a method of tracking the status of a specimen from ordering through resulting.

Laboratory Results

Test results for all tests requisitioned through the computer are available for online review through Epic.

Reflex Testing

CCLS performs reflex testing for the following tests:

Initial Test	Reflex Criteria	Reflex Tests
Lipid Panel	Triglycerides >400 mg/dl	Direct LDL
Lyme Disease Serology	Reactive	Western Blot
HIV 1/2 Antigen/Antibody	Reactive	HIV-1 and HIV-2 Atby Confirmation and Differentiation
Hepatitis C Antibody	Reactive	Hepatitis C RT PCR, Quant.
Syphilis AB, Screen, Treponemal IgG/IgM	Reactive	RPR (Samples with conflicting results will be Forwarded to MDH for FTA (Fluorescent Treponemal Antibody Confirmation))
Antinuclear Antibody Cascade	ANA ≥ 3.0	Double Stranded Ab IgG Extractable Nuclear Antigen
PFA (PFA1) Platelet function (EPI)	>182 seconds	PFA2 Platelet function (ADP)
Spinal Fluid WBC	5 WBC	CSF WBC Differential
CBC with differential	Specific flags generated by instrument	Manual differential
Lupus Inhibitor	dRVTT <1.2, SCT <1.16 and clot times increased, PT and/or PTT increased	Mixing Studies for tests with increased values (e.g.PT, PTT, dRVTT and Silica Clot Time. Thrombin Time and Heparin XA when indicated)
Peripheral Smear	Abnormal smear findings criteria	Peripheral Smear for Pathologist Review
Request for sample to be run on Hematology Analyzer	Critical value for WBC, HGB, or PLT that has no prior history and not ordered on this sample	An attempt will be made to get a physician order so we can document results on patient chartUS
UA CHEM STRIP	Positive dipstick criteria met	Urine Microscopic
RH type	Negative on baby	Du (weak D)
Du (weak D)	Positive	Molecular testing for Rh variant-ARC sendout
Antibody ID	Warm autoantibody	Warm adsorption if patient not pregnant or transfused within previous 3 months. May require ARC reference lab testing for antibody ID
Antibody Titer		Screen will be run initially. If positive, will reflex antibody identification as well. If screen is negative, will cancel antibody titer and order/result antibody screen only
Antibody Screen	Positive	Antibody ID and Interpretation Antigen typing (patient) Antigen typing (units) AHG Crossmatch – two units. May require ARC reference lab testing for multiple or rare alloantibodies

Reflex Testing

CCLS performs reflex testing for the following tests:

Initial Test	Reflex Criteria	Reflex Tests
Antibody Screen	History of antibody with negative screen	Crossmatch 2 units (AHG XM) Antigen typing (units) AHG Crossmatch – two units. May require ARC reference lab testing for multiple or rare alloantibodies
Antibody ID	Positive auto control	DAT IgG and DAT C3
Direct Antiglobulin Test (IgG DAT)	Positive	Eluate
Poly DAT	Positive	DAT IgG and DAT C3
Hemolytic Disease of the Newborn Screen	Positive DAT	Possible eluate based on ABO/RH result and cord blood total bilirubin and Pathology Intervention
Rosette Test for FMH	Positive	Kleihauer Betke Smear
Prenatal Workup	Positive screen	Antibody ID Antigen type (patient) Antibody Titer
Rhogam Evaluation	No history at CCLS	ABO/RH
Rhogam Evaluation (OB list)	Deliver RH positive baby to RH negative mom	RHIG evaluation
Transfuse FFP, PLT, CRYO	No current admission	ABO/RH
Transfuse FFP	Pooling Multiple units	Pooling charge added
Transfuse RBC	Sickle Cell Patient	HGB S Negative, C, E, and K antigen matches. RBC from ARC (any other Alloantibodies Identified)
Transfuse RBC	No Current sample	Type and Screen
Sputum Grading	Acceptable	Sputum Culture
Culture, Aerobic	Growth of appropriate Pathogen	Organism Identification, Susceptibility Testing
Culture, Anaerobic	Growth of appropriate Pathogen	Organism Identification
Culture, Blood	Growth of appropriate Pathogen	Organism Identification Molecular Identification Susceptibility Testing
Culture, Sputum Culture, Trachea Culture, Bronchial	Growth of appropriate Pathogen	Organism Identification Susceptibility Testing
Culture, Urine Culture, CSF Culture, Fluid Culture, Cath tip	Growth of appropriate Pathogen	Organism Identification Susceptibility Testing
Culture, Fungus	Fungus grown or yeast	Fungus Identification Fungus/Yeast susceptibility if requested
Additional testing on most cultures		Single Antibiotic Screen, Strep typing (1-6), carbapenem testing
Group A Strep Screen	Negative	Beta Strep Throat Culture if under 18 years old
Cryptococcus Antigen (Serum/CSF)	Positive	Cryptococcus Titer
Group B Strep Vaginal/Rectal PCR	Positive	Susceptibility testing if required
Initial Test	Reflex Criteria	Reflex Tests
Malaria Smear Babesia	Positive (Organisms seen)	Confirmation/Speciation to MDS (No Charge)
Human Papillomavirus	Positive	HPV Genotyping

Histology and Cytology Department

Ordering Laboratory Tests

Order entry for Histology and Cytology tests is computerized through Epic. Any questions regarding handling, delivery, or fixation of tissue specimen, call extension 57307 or 55632, or the pathologist on call.

Reporting Tests

After Histology and Cytology reports have been signed by a pathologist, results are available via the Epic hospital information system.

Autopsies

Refer to "Autopsy Decision" on the Notification Flow Sheet and Autopsy Authorization Policy located on Centranet.

Autopsies are not performed at St. Cloud Hospital. Autopsy services are contracted to Midwest Forensic Pathology (MFP) at 763-236-9050.

Test Ordering and Resulting for Clinics

Test Request Forms

The CCLS Outreach Request Form provides easy check-off for ordering Chemistry, Hematology, Urology, Serology, Transfusion Services and Microbiology tests. Pathology and Cytology tests are requested on the Anatomic Pathology Request Form.

Check (x) tests desired in the area to the left of the test name, and provide the ICD 10 codes that endorse the medical necessity of the test. An area is provided on the CCLS request form to request tests not found on the request form. Please indicate the date and time specimen was collected in area provided. Also, include source of specimen if other than blood.

- . Full name
- . Medical record number
- . Date of birth
- . Sex
- . Referring physician

When submitting forms for Medicare or Medicaid billing, also include the following information in addition to the above:

- . Patient's complete home address
- . Patient's telephone number
- . Medicare/Medicaid number
- . ICD-10 code/narrative diagnosis for each test requested
- . Additional insurance
- . If additional insurance, include name of the policyholder, group, and certificate number

When submitting forms for other third party or direct patient billing, include the following additional information:

- . Patient's complete home address
- . Patient's telephone number

- . ICD-10 code/narrative diagnosis for each test requested
- . Insurance Company name
- . Group and certificate number
- . Policy holder's name, date of birth, and employer
- . Any additional insurance

Also, please provide the spouse's name on the Anatomic Pathology Request Form and Pap Test Request Form.

Results Reporting

Specimens are accessioned upon receipt into the laboratory, and testing is performed at the next available opportunity. Test results are entered into the computer reporting system as soon as they have been verified. Reporting times vary depending on the nature of the request and amount of time required to perform the test. Most tests are returned within 24 hours after the specimen has been received in the laboratory. Certain procedures are not performed daily.

Each report includes the patient's name, physician, medical record number, collection date and time, test name, test result, and reference values where appropriate. (All reference values are for adults unless otherwise indicated).

STAT results and significant abnormal results (see Call-Back Critical and Toxic Value Levels list in General Information) are telephoned to the client. All other results can be called to the client upon request.

Test Turnaround Time (TAT)

This catalog lists the days in which the test is set up as a guide to expected analytical turnaround times (TAT). The indicated TAT represents the average time involved from when the specimen is received in our laboratory until the test result is available in the computer. Repeated tests take additional time. Since different clients are utilizing different reporting options (fax, off-site printer, courier delivery of hard copy) and various printing schedules, clients may need to call CCLS to obtain results within the indicated TAT.

Supplies

A variety of supplies necessary for procuring specimens are furnished, free of charge, through CCLS. These include request forms, Vacutainer needles and tubes, Cytology kits, and Culturettes. When ordering, please use the supply order forms provided and allow at least 48 hours for supply delivery.