IRL INFORMS...newsletter

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PREVENTION OF GROUP B STREPTOCOCCUS (GBS) PERINATAL DISEASE

Rapid GBS Antigen Test Discontinued

According to the latest CDC Guidelines for the prevention of perinatal GBS disease, **all women between 35 to 37 weeks of pregnancy should be routinely screened for GBS colonization by an enriched culture-based method that maximizes the likelihood of GBS recovery**. Currently available rapid tests that detect GBS antigen are insufficiently sensitive to detect light GBS colonization, and therefore are not adequate to replace culture-based prenatal screening. These tests should not be used in place of the risk-based approach when culture results are unknown at the time of labor. The rapid GBS antigen tests will no longer be available in our laboratory.

Collection of specimens for enhanced broth culture may be conducted in the outpatient setting to improve the sensitivity and specificity of detection of women who remain colonized at the time of delivery. Swabbing both the lower vagina and rectum (i.e., through the anal sphincter) increases the yield substantially compared with sampling the cervix or sampling only the vagina. Collected swabs should be placed in transport medium (e.g., Amies or Stuart's without charcoal). The test order should clearly identify that specimens are for group B streptococcal culture. **Please order on our lab requisition "Strep Group B Culture", TEST CODE 070032.** In addition, **patients with penicillin allergy should be clearly noted on the requisition**, so that susceptibility to clindamycin and erythromycin is performed on any GBS isolated. Once in the lab, both swabs are inoculated into a single selective enrichment broth culture medium and subcultured following overnight incubation to maximize the isolation of any amount of GBS.

Additional information about perinatal GBS disease including the latest CDC GBS Guidelines and other resources to promote prevention are available from the CDC GBS website at http://www.cdc.gov/groupbstrep.

HEPARIN-INDUCED PLATELET ANTIBODIES

Patients who receive heparin treatment for at least a week often develop thrombocytopenia. In Type I heparin-induced thrombocytopenia (HIT), the platelets may be reduced only slightly and may return to normal even if heparin treatment is continued. This type of thrombocytopenia is not antibody-mediated and PF4 heparin-dependent antibodies are not detected.

In Type II HIT, the thrombocytopenia is usually more severe, is antibody-mediated and PF4 heparin-dependent antibodies are detected. Patients with Type II HIT are at risk to develop more severe thrombocytopenia as well as arterial or venous thrombosis if heparin therapy is continued.

Integrated Regional Laboratories now offers the PF4 Enhanced ELISA assay from GTI Diagnostics to detect IgG, IgA, and IgM Heparin-Associated Antibodies. The test code is 40649, the required specimen is serum, and the test is performed on the night shift Monday through Friday.

DID YOU KNOW?

You are welcome to visit our laboratory and tour our operation. All you need to do is call our Marketing department at 954 –777-0018 (X352) to schedule an appointment.

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National Cancer Survivors Day
June 1, 2008
National Headache Awareness Week
June 1 - 7, 2008
National Men's Health Week
June 9—15, 2008

IRL ACHIEVES SIX SIGMA (*L6σ*) PERFORMANCE LEVEL FOR 2007!

Office moving?
New phone number?
New fax number?
Be sure to let us know!
Email us at:
IRLB.IRLINFORMS@HCAhealthcare.com

Three years ago, IRL adopted Lean Six Sigma as its method of choice for managing and improving quality performance throughout the company. Since that time a number of projects and initiatives have been launched that utilize the tools and philosophy of Lean Six Sigma. The application of these methods have led to measurable improvements in serving our clients and patients.

There is no better example of achievement than IRL's MidLow Department that actually exceeded Six Sigma level performance or less than 3.4 errors in 1,000,000 tests processed. The MidLow Department performs the more manual, esoteric testing procedures (i.e. allergy testing, TSH testing etc…). For the entire year 2007, MidLow achieved a performance level better than Six Sigma with only 3.1 errors in 1,000,000 tests processed!

IRL is proud of it's commitment to continuous quality improvement and applauds the dedication of employees in the MidLow Department for their extraordinary achievement in this area.

Please note: **Medicare** will discontinue the use of all surrogate values on claims with dates of service on or after May 23, 2008. All claims submitted must be accompanied with provider NPI number (National Provider Identifier)

The Role of the IRL Courier

IRL couriers play an integral role in fulfilling our mission of providing the right information, in the right hands, at the right time, *every time*.

Punctuality is the key to making sure all laboratory specimens are picked up from your office. If your office is scheduled for routine pickups, you can count on our IRL courier arriving at your office at the same time each day.

Your specimens are picked up, scanned into a hand held PDA device, much like UPS uses, placed into a specimen tote (room temperature, refrigerated, and frozen), for transportation to the laboratory. Once at the laboratory, the courier uploads data from the PDA into our tracking system to ensure that all specimens are accounted for and delivered.

What can you do to help with this process? **Please fold your requisitions in half with the barcodes facing outwards.** This simple step assists our driver in the scanning of your specimens and ensures we have an accurate record on the driver's PDA. To learn more of how your specimen is processed at the laboratory once it has been delivered, be sure to read next month's issue of IRL INFORMS.

Contact us:

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For additional information on our laboratory, please visit our website at:

www.irlfl.com