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QUALITY UPDATE is a complimentary quarterly newsletter providing laboratory information for physicians and their staff.

OUR MISSION: Improve the health of our community through excellence in medical laboratory services.

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CompuNet® CLINICAL LABORATORIES

Quality Update

HPV and Pap Co-testing Recommendations

Amanda Clark, Cytology

The American Journal of Obstetrics & Gynecology, CDC, ACOG, American Cancer Society, and the U.S. Preventive Services Task Force have recommended that HPV testing be an integral part of detecting cervical cancers and its precursors.

Current Guidelines for HPV testing on women from the above listed agencies:

- ***Ages 21-30*** *with inconclusive ("ASC-US") Pap results - HPV is the preferred method of follow up.*
- ***Ages 30 and over*** *- Co-testing is offered from the ThinPrep vial. Co-testing is routine HPV testing with the Pap.*

For ages 30 and over, based on the HPV and Pap results, follow up is as indicated:

HPV RESULT	NORMAL PAP	INCONCLUSIVE PAP	ABNORMAL PAP
HR HPV is negative	Repeat screening with both HPV and Pap every 3 years	Repeat Pap test in 12 months	Colposcopy
HR HPV is positive	Forward for HPV 16/18genotyping		Colposcopy
	HPV 16/18 positive	Colposcopy	
	HPV 16/18 negative	Repeat Pap and HR HPV at 12 months. If HPV positive, forward to colposcopy.	

Test (Order) Codes
Pap with Reflex HPV: 73783 (for women ages 21-30)
Co-test Routine HPV with Pap: 73717 plus 9662 (for women ages 30 and over)
HPV 16/18 genotyping: 75224

Please include diagnosis codes for both Pap and HPV screenings on all co-testing orders.

For more information about Pap and HPV co-testing contact your CompuNet Sales representative or a Cytology representative:

Amanda Clark, Cytology Supervisor (937) 297-8224
Katrina St. Clair, Cytology Team Leader (937) 208-5050

REFERENCES

American Society for Colposcopy and Cervical Pathology. Management of women with atypical squamous cells of undetermined significance (ASC-US). Hagerstown (MD): ASCCP; 2007. Available at www.asccp.org/pdfs/consensus/algorithms_cyto_07.pdf.

ACOG Practice Bulletin no. 109: Cervical cytology screening. ACOG Committee on Practice Bulletins-Gynecology. *Obstet Gynecol*. 2009 Dec:114 (6):1409 20.

Centers for Disease Control. Cervical Cancer Screening Guidelines, 2010. www.cdc.gov/std/treatment/2010/cc-screening.htm

USPSTF Recommendations. www.uspreventiveservicestaskforce.org/recommendations.htm

Ohio Department of Health Heavy Metals Test Requirements

Angela Henry, Client Services

When ordering certain Heavy Metals tests, please be aware that the State of Ohio requires specific patient information be provided. Every Ohio laboratory performing this analysis is required to provide the following test documentation to the Ohio Department of Health.

REQUIRED INFORMATION

- Patient Date of Birth
- Race/Ethnicity of Patient (Caucasian, Black, Hispanic, Asian, American Indian, other)
- Patient Phone
- Patient Address/ City/ State/ Zip Code/County
- Sample Type, for example: Venous, Capillary (Finger stick), Urine
- Purpose of Test: Initial, Repeat, Follow-Up
- Parent/Guardian

THE TESTS AFFECTED BY THIS REQUIREMENT INCLUDE:

599 - Lead (B)
3058 - Lead with OSHA (B)
7655 - Heavy Metals (B)
7507 - Heavy Metals (U)
269 - Arsenic (B)
270 - Arsenic (U)
636 - Mercury (B)
637 - Mercury (U)

(B) Blood Sample (U) Urine Sample

To order heavy metals custom test requisitions or for more information, contact Client Services - (937) 297-8260.

Multiple Testing Options Now Available for Histoplasma Capsulatum

Ike Northern, Infectious Disease Testing and Immunology

Histoplasma capsulatum is a fungus (or mold) that is found in the environment in states surrounding the Mississippi and Ohio Rivers. It is usually found in areas with large amounts of bird and bat dropping and causes a disease known as histoplasmosis. The major risk factor for disease is environmental exposure to the organism. Anyone can get histoplasmosis by breathing spores into the lungs. In healthy hosts, the disease is usually asymptomatic. Persons with underlying health conditions, such as chronic lung disease or immunosuppression, are more susceptible to this infection. Immunsuppressed individuals are prone to the less common disseminated form of the disease which can affect numerous parts of the body.

The most common symptoms of histoplasmosis are similar to pneumonia symptoms and include fever, chills, chest pain, cough, headache, and fatigue. If the disseminated form occurs, the symptoms are dependent upon the part of the body that is affected.

DETECTION METHODS AND TEST OPTIONS

Culture
Test (Order) Code: 70374
When a culture is performed, a small sample of tissue or blood is inoculated to fungal growth media and incubated for several weeks. Histoplasma will usually grow within 2 weeks. Production of characteristic spores and a *Histoplasma* DNA probe are used to definitively identify the organism.

Antigen
Test (Order) Code: 75235 (urine) or 34441 (serum)
Histoplasma antigens may be found in the urine of persons infected with this mold. At the site of infection, the antigens are released into the blood stream then filtered out of the blood by the kidney and deposited in the urine. A patient with pulmonary histoplasmosis may have a positive Histoplasma Urine Antigen test. The antigen may also be found in the serum of an infected person.

Microscopy
Test (Order) Code: 4502 - KOH with Calcolfuor White Stain
Direct observation of this fungus is possible by observing the sample under the microscope. Special stains are required to make the organism visible. Histology stains or Calcofluor White stains may be used.

Antibody
Test (Order) Code: 526
Antibody testing may be used to determine if there has been a prior exposure to Histoplasma.

For information contact Ike Northern, Director of Infectious Disease Testing and Immunology at (937) 297-8334 or william.i.northern@questdiagnostics.com.

Quality Update Article Correction

Correction: "Using Care360™ Standing Orders" article, Fall 2011 - The article incorrectly stated that "state law prohibits Standing Orders longer than 6 months without renewal." CompuNet's Standing Order policy is based on guidance from the Office of Inspector General (OIG), however state law is currently silent on the issue.

Patient Service Center Updates

SPRINGFIELD SOUTH - Due to maintenance issues, our temporary Springfield South Patient Service Center was forced to close on Friday, Feb. 10, 2012. We are in the process of acquiring a new facility which will meet our standards of care for our Springfield South patients. In the interim, we recommend our Springfield North location located four miles from the south facility.

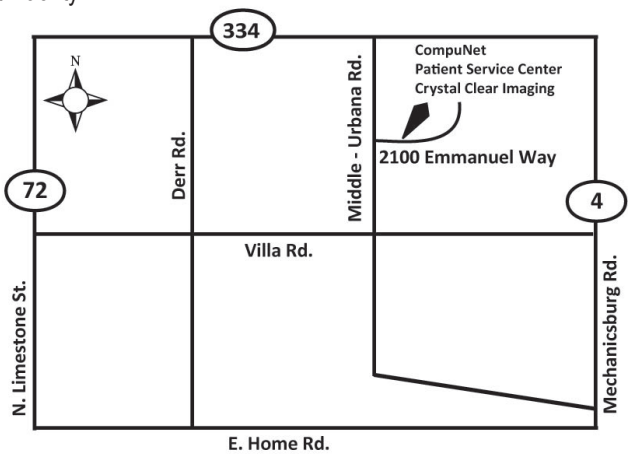
Springfield North Patient Service Center
Crystal Clear Imaging
2100 Emmanuel Way, Suite C
Springfield, OH 45502

EXPANDED HOURS
Monday - Friday: 7:00am - 5:00pm
Saturday: 7:00am - Noon

DRUG SCREEN HOURS
Monday - Friday: 8:00am - 4:00pm
Saturday: 8:30am - 11:00am

PHONE: (937) 342-0015
FAX: (937) 342-0034

Appointments available
Walk-ins always welcome!



LEBANON - CompuNet's newest Patient Service Center is now open and accepting all patients.

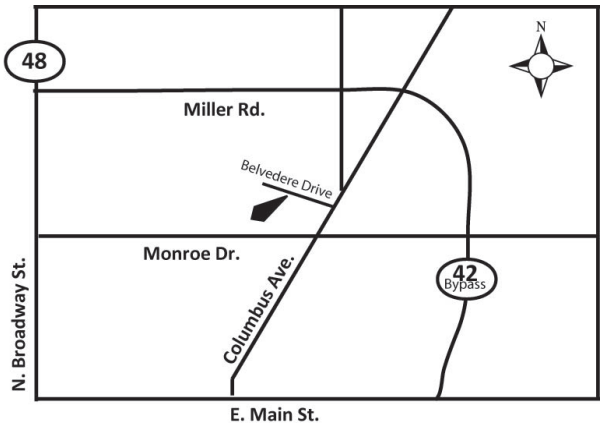
Lebanon Patient Service Center
986 B Belvedere Drive
Lebanon, OH 45036

HOURS
Monday - Friday
7:30am - Noon; 1:00pm - 4:30pm

DRUG SCREEN HOURS
8:00am - 11:30am; 1:30pm - 4:00pm

PH: (513) 282-6191
FAX: (513) 282-6193

Appointments available; walk-ins always welcome!



Prescription Drug Monitoring Update

Please be aware that the RX TOX Hotline staffing hours have changed to 8:00am - 6:00pm. Voice mail messages received between 6:00pm and 8:00pm will be monitored by a Toxicology Specialist and, if it is an emergency, the call will be returned the same day. All other messages received after 6:00pm will be returned the following day.

To contact the RX TOX Hotline: (844-407-9869).

PRESCRIPTION DRUG MONITORING WEBINARS

The following Webinars have been posted on the Quest Diagnostics Nichols Institute Education Site and are available on demand:

Prescription Drugs in America 2011: Are We Really Doing No Harm?

Robert M. Stutman, former DEA Special Agent, discusses prescription drug abuse/misuse among teens and young adults in the US and what health care professionals and parents can do to help reduce it.

Urine Drug Testing for Patients with Chronic Pain

Bill McCarberg, MD, founder of the chronic pain management program at Kaiser Permanente San Diego, discusses the best practices related to the use of urine drug testing in the management of patients being treated for chronic pain.

Clinical Aspects of Risk Management in Prescribing Opioids

Steven D. Passik, PhD, of Vanderbilt University Medical Center, discusses current attitudes about opioids and practical, clinical approaches to managing risks, such as misuse and diversion, when prescribing opioids for patients being treated for chronic pain.

To access any of these webinars please visit www.education.questdiagnostics.com/presentations/most_recent

Hepatitis C Virus (HCV) Test Reporting Change

Nicole Kahmann, Molecular Diagnostics

The introduction of two new HCV therapy drugs has resulted in a change to HCV Quantitative RNA reporting.

Direct acting antiviral compounds (Boceprevir (Victrelis) and Telaprevir (Incivek) have recently been FDA-approved for the treatment of hepatitis C genotype 1 infections. Based on the drug manufacturers' detectable level recommendations, CompuNet will now report HCV Quantitative RNA results differently.

The new report will distinguish between (**A**) patient viral loads that are **below** the limit of detection and (**B**) patient viral loads that are **between** the limit of detection and the limit of quantification (LOQ). For (**B**), a note will be added to the end of the report with the drug manufacturers' recommendation and assay details.

PREVIOUS REPORT	INTERPRETATION	NEW REPORT EXAMPLE	INTERPRETATION
<43 IU/mL	HCV RNA Not Detected at quantity of more than 43 IU/mL	**A**) Not Detected	HCV RNA Not detected **Note:** HCV RNA may be present at a quantity of less than 7 IU/mL
		B) Detected, <43** Log <1.63	HCV RNA detected at a quantity of less than 43 IU/mL and greater than 7 IU/mL
Numerical Result	Actual quantity of HCV RNA Reported as IU/mL	Numerical Result	Actual quantity of HCV RNA Reported as IU/mL

** **(B)** The Detected <43 result will be accompanied by the following comment:

"Please note: the guidelines for the use of new anti-HCV therapies (Boceprevir and Telaprevir) recommend using a test method that detects plasma viral nucleic acid levels as low as 10 IU/mL. This assay has a lower Limit of Detection of 7.0 IU/mL for genotype 1 and conforms to the recommendation. Quantitation of plasma HCV nucleic acid levels below 43 IU/mL (the Lower Limit of Quantitation for this test) may not be linear, and in this circumstance are reported as '<43 IU/mL HCV RNA Detected'. This test was performed using the COBAS AmpliPrep/COBAS TaqMan HCV Test Kit (Roche Molecular Systems, Inc.)."

If you have questions regarding the new report, contact Nicole Kahmann, Molecular Diagnostics, at (937) 297-8257 or nicole.h.kahmann@questdiagnostics.com.

Clostridium difficile Testing Updates

CompuNet is pleased to announce improved testing for Clostridium difficile. In March 2012 a new testing algorithm will be used for the detection of this organism – **Test (Order) Code 75424**.

The change was prompted by reports that newer methods like Glutamate Dehydrogenase antigen detection (GDH) and Polymerase Chain Reaction (PCR), detect significantly more positive samples when compared to older methods (toxin testing and cytotoxin assays)[1,2]. These reports were confirmed by a study that was performed at CompuNet. Since these studies demonstrate that falsely negative results may be obtained when using older methods, the currently available assays (***C. difficile Toxin A/B – 70377 and Cytotoxin assays - 4408***) will no longer be offered as testing options.

In this algorithm, the sample will be screened by a highly sensitive assay that detects the presence of GDH antigen using an ELISA method. GDH is an enzyme that is produced in high levels by *C. difficile*. If this assay is negative, no further testing will be performed. If the sample is positive on the GDH assay, it indicates that the sample contains *Clostridium difficile* but it doesn't differentiate between toxin-producers and non-toxin-producers. On these positive samples, a *Clostridium difficile* PCR assay will automatically be performed to detect the presence of the toxin gene. The additional testing will result in appropriate charges for the PCR assay.

Along with the change in testing methods, there will be modifications in the type of samples that are acceptable for testing. Since *C. difficile* causes diarrhea, only non-formed samples, or those that conform to the shape of the cup, will be accepted for testing. Samples that are formed or hard will no longer be tested and the test will be canceled. Testing formed or hard samples may give falsely positive results in patients that are not exhibiting symptoms of *C. difficile* disease.

For more information or questions about these changes, please contact:

- Ike Northern (937) 297-8334 william.i.northern@questdiagnostics.com
- Nicole Kahmann (937) 297-8257 nicole.h.kahmann@questdiagnostics.com
- Jessica Hutchinson (937) 297-8208 jessica.l.hutchinson@questdiagnostics.com

[1] Ticehurst, et.al. Journal of Clinical Microbiology, Mar. 2006. pp. 1145-1149.
[2] Zheng, et.al. Journal of Clinical Microbiology, Aug. 2004. pp. 3837-3840

Billing Update: Requesting Adjustments on Your Client Bill

If you have reason to believe that your invoice includes charges which do not belong on your client account, we include an Adjustment Request form with each client statement.

In order to process your adjustment as quickly as possible and meet insurance filing deadlines, please complete all information, including insurance information and diagnosis/ICD9 codes for tests performed and return the adjustment form to us within 30 days of the invoice date.

For questions contact Billing Customer Service at 937-297-8261
Monday through Friday, 8:30am - 4:30pm.

Improvements to Herpes Simplex Virus Testing

Nicole Kahmann and Kacee Floyd, Molecular Diagnostics

CompuNet has offered Herpes Simplex Virus (HSV) testing via standardized cell culture for many years. Due to improvements in technology, HSV testing has shifted to molecular diagnostic methods which utilize the polymerase chain reaction (PCR). This method has been a 'gold standard' for CSF specimens and has been gaining ground as the standard for dermal ulcer and mucocutaneous testing. Various sources are available in support of this statement including CDC's STD Treatment Guidelines 2010 and multiple articles from chief journals in the field*.

HSV PCR ASSAY ATTRIBUTES

- Simultaneous analysis for both types I and II of the Herpes Simplex Virus.
- Allows for a more sensitive analysis of patient specimens for the presence of HSV.
- Offers a 24 hour turnaround time versus 48 - 72 hours for HSV culture.
- Result will indicate the type of HSV DNA that is present or will determine that the patient sample has no recoverable HSV DNA.
- Specimen collection is the same, the VTM or UTM collection device has been validated for the HSV PCR assay.
- Cerebrospinal fluids are also acceptable specimens if collected in clean containers.
- Also helpful in instances where patient specimen integrity would have been compromised for culture testing.

Test (Order) Code
HSV PCR: 73562
This replaces HSV Culture (665) and HSV Culture with Typing (71504).
Viral Culture (test code 689) is no longer available for genital sources but will remain available for alternate sources.

SPECIMEN COLLECTION

- Use Viral Transport Medium (VTM). For CSF - use primary collection tube but do not add viral transport medium to CSF.
- 0.5 mL specimen in VTM; 0.5 mL CSF
- Indicate source of specimen

For more information contact:
Nicole Kahmann, Molecular Diagnostics Manager, nicole.h.kahmann@questdiagnostics.com,
Kacee Floyd, Molecular Technical Specialist, kacee.m.floyd@questdiagnostics.com or
Molecular Diagnostics department, 937-297-8338

* CDC STD Guidelines 2010 available at www.cdc.gov/std/treatment/2010/default/htm. Additional articles from *J. Clin. Microbiol*.- Espy et al. 2000, 38(2); Johnson *et al.* 2000, 38(9); Stevenson et al. 2005, 43(5); and Hanson et al. 2007, 45(3); from J. Infect. Dis. - Wald *et al.*2003, 188; and from *Sex Transmit. Infect*. – Scoular and Scouler et al. 2002, 78.

Care360® News

MAJOR ENHANCEMENTS TO CARE360

In January 2012, major enhancements were made to Care360 Labs & Meds, Care360 EHR, and Care360 HD (iPad). Some notable enhancements include:

CARE360® EHR - THE OBG MODULE is now available with support for pregnancy including -

- Encounter templates
- Pregnancy Flowsheet
- OB Lab Flowsheet
- Ante Partum Report

CARE360® HD (IPAD) - now supports patient encounter documentation.

Care360® Labs & Meds and Care360® EHR - Care360 is now supported on Macintosh computers. Also, an Informatics Query now provides patient demographics.

CARE360® MOBILE GIVES 24/7 ACCESS

Care360 Mobile for Smartphones is secure and designed to be compliant with HIPAA regulations. With **Care360 Mobile**, you can:

- View lab results and medication history
- Add notes for follow-up and mark as reviewed
- Prescribe and respond to renewal requests (requires Care360 ePrescribe module)
- View your patients' charts (requires optional add-on modules)

To access the Care360 Mobile, download the free mobile App to your iPhone®, or log in to Care360 with the BlackBerry®, Android, and many other smartphones.

For iPad® users, **Care360® HD** is the free, HIPAA-compliant App which reinterprets the iPhone® app for the iPad®. With Care360 HD you can:

- Access medication history, lab results
- Review comprehensive information on a portable device while with patients
- Complete tasks such as prescription ordering or renewal requests
- ePrescribe on a mobile device larger than a Smartphone
- View lab results, add notes for follow-up and mark as reviewed

To demo Care360 Mobile or Care360 HD, go to **www.care360.com**.

For EPIC Users:

For assistance with your EPIC EMR issues, please contact the following EPIC Help Desk phone numbers:
Premier Health Partners - (937) 208-2737 **Kettering Health Network** - (937) 298-3399, (*44500)

By placing a ticket with the Help Desk, your EHR issues are documented and can be resolved in a timely manner.

NEW TESTS AVAILABLE

CEBPA MUTATION ANALYSIS	
Effective Date	**January 9, 2012**
Test Code:	90812RQEZ
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano Specimen Requirements: 5 mL EDTA (lavender-top) tube whole blood. Do not freeze.

DISCONTINUED TESTS

CULTURE, HERPES SIMPLEX	
Effective Date	**February 13, 2012**
Test Code:	665
Additional Information:	Please order 71504 - HERPES SIMPLEX VIRUS TYPES 1 & 2 PCR
CPU Interface Mappings	2003767 - SOURCE: 2003627 - HSV PCR

CULTURE, HERPES SIMPLEX WITH TYPING	
Effective Date	**February 13, 2012**
Test Code:	71504
Performing Site:	CompuNet Clinical Laboratories
Additional Information:	**Please order 71504 - HERPES SIMPLEX VIRUS TYPES 1 & 2 PCR**
CPU Interface Mappings	2003767 - SOURCE: 2003627 - HSV PCR

TEST CHANGES (CHANGES ARE INDICATED IN BOLD PRINT)

DELTA AMINOLEVULINIC ACID RANDOM URINE

Effective Date:	**IMMEDIATELY**
Test Code:	6301
Reject Criteria:	**Received room temperature; Received not light protected**
Performing Site:	Quest Diagnostics Nichols Institute, San Juan Capistrano and Chantilly

HUMAN ANTI-MOUSE AB (HAMA), ELISA

Effective Date:	**IMMEDIATELY**
Test Code:	1468RXE
Performing Site:	Focus
Transport Temperature:	**Refrigerated**
Specimen Stability:	**Room Temperature: 7 days** **Refrigerated: 14 days** **Frozen: 30 days**

HISTOPLASMA URINE ANTIGEN

Effective Date:	**02/13/2012**
Test Code:	75235
Performing Site:	CompuNet Clinical Laboratories
Department:	Serology
CPU Interface mapping:	**OLD** 2004328 Source: 2004327 HISTOPLASMA ANTIGEN HISTOPLASMA ANTIGEN **NEW** **2004367 HISTOPLASMA URINE AG**

HEPATITIS E ANTIBODY (IGM)

Effective Date:	**IMMEDIATELY**
Test Code:	36582
Specimen Requirements:	0.5 ML SERUM
Always Message:	**REFERENCE RANGE: NOT DETECTED** **Hepatitis E Vrus (HEV) is a major cause of enteric non-A hepatitis worldwide. HEV IgM is typically detected within 2-4 weeks after infection, and then persists for about two months.** This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.
Performing Site:	Focus Diagnostics, Inc
Department:	Serology/Immunology
CPU Interface Mapping:	Result Code: 85995301 Result Name: HEPATITIS E ANTIBODY$ (IGM)
Assay Category:	Laboratory Developed Test

STREPTOCOCCUS PNEUMONIAE IGG AB (6 SEROTYPES)

Effective Date:	**IMMEDIATELY**
Test Code:	34263
Specimen Requirements:	0.5 ML SERUM
Specimen Stability:	ROOM TEMPERATURE: 7 DAYS REFRIGERATED: 14 DAYS **FROZEN: 90 DAYS**
Performing Site:	Focus Diagnostics, Inc
Department:	Serology/Immunology
CPU Interface Mapping:	Result Code: Result Name: 85967090 SEROTYPE 1 (1) 85967100 SEROTYPE 3 (3) 85967110 SEROTYPE 14 (14) 85967120 SEROTYPE 19 (19F) 85967130 SEROTYPE 23 (23F) 85967140 SEROTYPE 51 (7F)

ANTI MULLERIAN HORMONE ASSESSR(TM)

Effective Date:	**IMMEDIATELY**
Test Code:	16842
Specimen Stability:	Room temperature: 5 days Refrigerated: 5 days Frozen: 30 days
Performing Site:	**Quest Diagnostics Nichols Institute, Valencia**

HISTOPLASMA URINE SERUM

Effective Date:	**02/13/2012**
Test Code:	34441
Performing Site:	CompuNet Clinical Laboratories
Department:	Serology
Specimen Requirements:	**5 ml Serum**
CPU Interface mapping:	**OLD** 2004024 - SOURCE: 2004025 - HISTOPLASMA ANTIGEN IMMUNOASSAY HISTOPLASMA ANTIGEN **NEW** **2004368 - HISTOPLASMA ANTIGEN IMMUNOASSAY**

HEPATITIS E ANTIBODY (IGG)

Effective Date:	**IMMEDIATELY**
Test Code:	36583
Specimen Requirements:	0.5 ML SERUM
Always Message:	**REFERENCE RANGE: NOT DETECTED** **Hepatitis E Virus (HEV) is a major cause of enteric non-A hepatitis worldwide. HEV IgG is typically detected within one month after infection, and persists for months to years after recovery. Approximately 20% of the US population is positive for HEV IgG, indicating that HEV exposure is more common than previously thought.** This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.
Performing Site:	Focus Diagnostics, Inc
Department:	Serology/Immunology
CPU Interface Mapping:	Result Code: 85995300 Result Name: HEPATITIS E ANTIBODY$ (IGG)
Assay Category:	Laboratory Developed Test

HEPATITIS E ANTIBODY (IGM)

Effective Date:	**IMMEDIATELY**
Test Code:	36582
Specimen Requirements:	0.5 ML SERUM
Always Message:	**REFERENCE RANGE: NOT DETECTED** **Hepatitis E Vrus (HEV) is a major cause of enteric non-A hepatitis worldwide. HEV IgM is typically detected within 2-4 weeks after infection, and then persists for about two months.** This test was developed and its performance characteristics have been determined by Focus Diagnostics. Performance characteristics refer to the analytical performance of the test.
Performing Site:	Focus Diagnostics, Inc
Department:	Serology/Immunology
CPU Interface Mapping:	Result Code: 85995301 Result Name: HEPATITIS E ANTIBODY$ (IGM)
Assay Category:	Laboratory Developed Test

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TEST CHANGES (CHANGES ARE INDICATED IN BOLD PRINT)

STREPTOCOCCUS PNEUMONIAE IGG AB (23 SEROTYPES)

Effective Date:	**IMMEDIATELY**
Test Code:	16963
Specimen Requirements:	0.5 ML SERUM
Specimen Stability:	ROOM TEMPERATURE: 7 DAYS REFRIGERATED: 14 DAYS **FROZEN: 90 DAYS**
Performing Site:	Focus Diagnostics, Inc
Department:	Serology/Immunology

CPU Interface Mapping:

Result Code:	Result Name:
85967090	SEROTYPE 1 (1)
86004283	SEROTYPE 2 (2)
85967100	SEROTYPE 3 (3)
86002136	SEROTYPE 4 (4)
86002146	SEROTYPE 5 (5)
86002147	SEROTYPE 8 (8)
86002148	SEROTYPE 9 (9)
86002149	SEROTYPE 12 (12F)
85967110	SEROTYPE 14 (14)
86004284	SEROTYPE 17 (17F)
85967120	SEROTYPE 19 (19F)
86004285	SEROTYPE 20 (20)
86004286	SEROTYPE 22 (22F)
85967130	SEROTYPE 23 (23F)
86002140	SEROTYPE 26 (6B)
86004287	SEROTYPE 34 (10A)
86004288	SEROTYPE 43 (11A)
85967140	SEROTYPE 51 (7F)
86004289	SEROTYPE 54 (15B)
86002141	SEROTYPE 56 (18C)
86004290	SEROTYPE 57 (19A)
86002142	SEROTYPE 68 (9V)
86004291	SEROTYPE 70 (33F)

STREPTOCOCCUS PNEUMONIAE IGG AB (14 SEROTYPES)

Effective Date:	**IMMEDIATELY**
Test Code:	19564
Specimen Requirements:	0.5 ML SERUM
Specimen Stability:	ROOM TEMPERATURE: 7 DAYS REFRIGERATED: 14 DAYS **FROZEN: 90 DAYS**
Performing Site:	Focus Diagnostics, Inc
Department:	Serology/Immunology

CPU Interface Mapping:

Result Code:	Result Name:
86002143	SEROTYPE 1 (1)
86002144	SEROTYPE 3 (3)
86002145	SEROTYPE 4 (4)
86002146	SEROTYPE 5 (5)
86002147	SEROTYPE 8 (8)
86002148	SEROTYPE 9 (9)
86002149	SEROTYPE 12 (12F)
86002150	SEROTYPE 14 (14)
86002351	SEROTYPE 19 (19F)
86002352	SEROTYPE 23 (23F)
86002353	SEROTYPE 26 (6B)
86002354	SEROTYPE 51 (7F)
86002355	SEROTYPE 56 (18C)
86002356	SEROTYPE 68 (9V)

You can view the current and past issues of the Quality Update at **www.compunetlab.com** under Healthcare Providers tab.
For address changes or to unsubscribe, please call (937) 297-8336.

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