PCL ALVERNO



TEST BULLETIN SUMMARY

December 2018

Dear Healthcare Provider,
The information contained here may be very important to your practice. Please take a moment to review this document.

ALVERNO IS CHANGING ITS NAME!

PCL Alverno is pleased to announce that a company-wide rebranding will take place in January! Look for our new name, logo and website in 2019. We are going back to our roots and becoming Alverno Laboratories.

GLUCOSE TOLERANCE TESTING – REMINDER OF THE UPCOMING CHANGE

PCL Alverno offers testing to screen for Type 2 diabetes in gestational and non-gestational patients. As of January 15, 2019, PCL Alverno will only offer testing according to guidelines recommended by the American Diabetes Association (ADA) and the American College of Obstetrics and Gynecology (ACOG). Please see page 2 for specifics and for the effective date.

C. difficile TEST ALGORITHM UPDATE EFFECTIVE JANUARY 3, 2019

Following the 2018 IDSA[1] and SHEA[2] guidelines, Alverno will begin utilizing a two-step algorithm for C. difficile testing. This algorithm begins with a rapid EIA assay that detects both bacterial antigen and toxin A and B proteins. When performed at our hospital facilities, this EIA assay will provide improved turnaround time and aid in the infection control process. If the test result is discrepant with a positive antigen but negative toxin, the test will automatically reflex to our Central Laboratory PCR toxin B gene assay for confirmation. Studies have shown this algorithm to be a cost-effective and highly sensitive and specific method for detection of C. difficile disease.[3] This new algorithm will not replace PCR, testing which will be available if deemed clinically necessary.

[1]Infectious Disease Society of America
[2]Society for Healthcare Epidemiology of America
[3]Journal of Clinical Microbiology, June 2010, p. 2082 – 2086

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GLUCOSE TOLERANCE TESTING

Effective January 15, 2019

PCL Alverno offers testing to screen for Type 2 diabetes in gestational and non-gestational patients. PCL Alverno will only offer testing according to guidelines recommended by the American Diabetes Association (ADA) and the American College of Obstetrics and Gynecology (ACOG).

For non-gestational screening, which includes non-pregnant women, men and children, the ADA recommends a two-hour glucose tolerance test for selected patients with evidence of impaired glucose tolerance either on fasting or random measurements, or in the presence of elevated hemoglobin A1C.

For gestational screening of women between 24 – 28 weeks of pregnancy, the ACOG prefers the two-step approach, where an abnormal one-hour challenge with 50g of oral glucose solution is followed up with a three-hour oral glucose tolerance test (OGTT). Both the ADA and the ACOG list a one-step gestational screen that can be used as an alternative to screen pregnant women as well. The ADA has noted that measurement of hemoglobin A1C can also be used, but it may not be suitable for use alone because of decreased sensitivity compared with the OGTT approaches. The criteria and components for each test are listed below. All other glucose tolerance testing will be discontinued as of January 15, 2019.

	Test Name	Dose of Oral Glucose Solution	Test Components	Reference Range
Two – Step Gestational Diabetes Screen	1-Hour Gestational Diabetes Screen	50g	1-hour glucose	70 – 139 mg/dL
	3-Hour Gestational OGTT	100g	Fasting glucose 1-hour glucose 2-hour glucose 3-hour glucose	70 – 94 mg/dL 70 – 179mg/dL 70 – 154 mg/dL 70 – 139 mg/dL
Non – Gestational Diabetes Screen	2-Hour Non-Gestational OGTT	75g	Fasting glucose 2-hour glucose	70 – 99 mg/dL 70 – 139 mg/dL
One – Step Gestational Diabetes Screen	2-Hour Gestational OGTT	75g	Fasting glucose 1-hour glucose 2-hour glucose	70 – 91 mg/dL 70 – 179 mg/dL 70 – 152 mg/dL