



June 2015

Dear Healthcare Provider,

The information contained in this packet may be very important to your practice. Below is a quick summary of the items that are included in this mailing. Please take a moment to read this and review the enclosed material for detailed information.

TEST UPDATE – PEDIATRIC REFERENCE RANGES FOR TSH

PCL Alverno has adopted the **Children’s Health Improvement through Laboratory Diagnostics (CHILDx®)** reference ranges listed below.

Age	Range
0-3 days:	5.170 to 14.600 uIU/L
4-30 days:	0.430 to 16.100 uIU/L
1-24 months:	0.620 to 8.050 uIU/L
2-6 years:	0.540 to 4.530 uIU/L
7-11 years:	0.660 to 4.140 uIU/L
12-17 years:	0.530 to 3.590 uIU/L

CHANGES TO HEMOGLOBIN A1c ASSAY

PCL Alverno is pleased to announce that its hemoglobin A1c assay will be performed using ion-exchange high-performance liquid chromatography (HPLC). The HPLC methodology has the ability to detect the presence of possible hemoglobinopathies that can interfere with accurate HA1c assessment. High-performance liquid chromatography not only measures the glycosylated fraction of Hemoglobin A as a percentage of the total HbA, but also detects the presence of Hemoglobin C and other variant hemoglobins that may cause interference. In rare circumstances, a patient homozygous for abnormal hemoglobin does not have Hemoglobin A and therefore no HA1c. This HPLC method can also detect sample integrity concerns that would prevent accurate HA1c assessment.

CHANGES TO REFLEX TESTING

Original Test	Orderable with or without reflex	Result	Follow-up/Confirmation Test
Endomysial IgA Antibody	Yes	Positive	Reflex Endomysial IgA antibody titer by IFA
Group B Streptococcus by PCR	No	Unresolved/Indeterminate	Culture
Group B Streptococcus by PCR (Sensitivity Testing)	No	Positive on Penicillin allergic patients	Culture and Antibiotic Susceptibility Testing



VITAMIN D TEST GUIDELINES

PCL Alverno receives many calls each month on which Vitamin D test should be used for monitoring and/or diagnosis of deficiencies, supplemental therapy monitoring and/or renal patient status. To help clarify, here are guidelines that may be helpful to your practice:

Vitamin D 25 OH (Hydroxy) Total:

Vitamin D Screen and Therapeutic Monitor (25-OH-Vit D) is used to screen for Vitamin D deficiency and to monitor patients on supplemental therapy.

Vitamin D 1,25 Dihydroxy, Serum:

Vitamin D Renal, Increased Ca^{+2} (1,25-OH₂-Vit D Total) is used for hypercalcemic or renal failure patients. Order in conjunction with 25-Hydroxy Vitamin D.

25-Hydroxy Vitamin D2 and D3:

Vitamin D Non-response to Therapy (25-OH-Vit D2, D3) is used to evaluate the non-response to supplemental therapy. Only order after 25-Hydroxy Vitamin D levels have been tested.

REFERENCE LABORATORY CHANGE

Please take a moment to read the enclosed announcement from PCL Alverno's CEO, Sam Terese on page 3!

SIGN UP FOR OUR BLOG!

We encourage you and your staff to visit www.PCLAlverno.com to sign up for our blog so you will continue to receive our updates!



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Dear Healthcare Provider,

Beginning September 1, 2015, ARUP Laboratories will become PCL Alverno's new reference laboratory partner.

ARUP Laboratories is a national clinical and anatomic pathology reference laboratory and a nonprofit enterprise of the University of Utah and its Department of Pathology. ARUP offers in excess of 3,000 tests and test combinations, ranging from routine screening tests to esoteric molecular and genetic assays.

ARUP provides some of the best turnaround times available in the industry and performs 99 percent of all testing in one central location, which means results are standardized and consistent.

The transition to ARUP will be seamless. However, should you have any questions or require assistance, please contact PCL Alverno at (800) 937-5521, 24 hours per day, seven days per week.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sam C. Terese'. The signature is fluid and cursive.

Sam C. Terese
CEO & President
PCL Alverno