



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