Shaping the Future of Hematology

NEW Advanced Clinical Parameters Beyond the Routine CBC

Providing physicians with the best tools for patient care, Renown Lab delivers the most comprehensive Complete Blood Count (CBC) and differential available with the new Sysmex XN 9000 Hematology analyzers including Cellavision. This cutting edge technology now provides our inpatient and ambulatory clinicians with advanced clinical parameters as part of the CBC. This will automate the manual differential by providing digital images of the white blood cells, taking a 100 cell manual differential to a more accurate and precise 32,000 cell digital differential.

The CBC results now provide an Immature Granulocyte Count, Immature Platelet Fraction reflected when platelets are less than 50,000, and identify Nucleated Red Blood Cells when present. The Reticulocyte panel now includes an Absolute Reticulocyte Count, Reticulocyte %, Reticulocyte Hemoglobin and Immature Reticulocyte Fraction.

Parameter Features

- **Immature Granulocyte count (IG):** The IG count (% and #) includes metamyelocytes, myelocytes and promyelocytes, and if >1% will indicate a granulocytic left shift serving as an early screen for infection. Bands are not included in the automated IG count; however they are included in the absolute neutrophil count, and reported on a manual differential when present. Adult Reference Range 0.0 – 0.9 K/uL.

- **Immature Platelet Fraction (IPF):** An index of thrombopoiesis, measuring immature platelets to help the physician determine if thrombocytopenia is due to platelet destruction or decreased platelet production. It provides more information for prophylactic platelet transfusion management, rather than using a platelet trigger alone. Adult Reference Range: 0.6 – 13.1 K/uL.

  - **Increased IPF in the presence of thrombocytopenia**
    - indicative of platelet destruction or consumption (ITP, TTP, DIC, autoimmune).

  - **Decreased IPF with decreased platelets**
    - indicative of decreased marrow production.
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- **Nucleated Red Blood Cells (nRBC):** Advanced automated technology allows rapid detection of nRBCs even at clinically significant low numbers. Adult Reference Range 0.

- **Reticulocyte Hemoglobin (RET-He):** A marker of cellular hemoglobin content and direct measurement of iron availability thus allowing physicians to quickly measure patient response to iron therapy. A value below this range is indicative of iron deficiency. Adult Reference Range 29.0 – 35.0 pg/cell.

- **Immature Reticulocyte Fraction (IRF):** A direct cellular measurement of erythropoiesis.
  
  Increased IRF and decreased Retic% = stimulated bone marrow actively producing reticulocytes.
  
  Decreased IRF and decreased Retic% = bone marrow is not producing reticulocytes.

### Outpatient Self-Pay Program Launches

Renown Lab is pleased to announce the availability of a self-pay program designed for uninsured outpatients with a valid provider order, who pay in-full at the time of service. This program encompasses over 200 of the most commonly performed laboratory tests. The McCabe and North Hills laboratory locations will pilot this program through the month of September, with full implementation at all laboratory outpatient locations anticipated by October 1st. Examples of the self-pay program include: Basic Metabolic Panel-$12, Lipid Panel-$19, Urinalysis-$5, Complete Blood Count-$11, Glucose-$6 and Venipuncture-$5. Call Mike Valentine at 982-4761 for more information.

### Test UPDATES

**Influenza by PCR, A/B/H1N1**

CPT Code: 87502, 87503 EPIC Code: LAB000552

Rapid identification of Flu A and B infection and simultaneous identification of 2009 H1N1 by PCR eliminates the need for additional or confirmatory testing.

**Collect**

Nasal aspirates, washes or nasopharyngeal (NP) swab collected in Universal Transport Media (UTM)

**Throat swab is no longer acceptable for FLU testing.**

**Stability**

Specimens are transported at room temperature.

UTM tubes are stable for 72 hours at 2-8 degrees C.

**Performed**

Sunday through Saturday

Analyze THIS (answer): Borrelia species (parasite).

### Compliance CORNER

**PSA Frequency Guidance**

The Centers for Medicare and Medicaid Services (CMS) have determined that it is not reasonable and necessary to perform PSA tests more than once per year on patients with lower urinary tract signs or symptoms unless there is a change in the patient’s medical condition. Testing with a diagnosis of in-situ carcinoma should not be done more frequently than once, unless the result is abnormal, in which case the test may be repeated once. PSA testing performed in excess of the Medicare guidelines may cause the patient to be financially responsible.

Ref: Medicare Nat'l Coverage Determinations Coding Policy Manual January 2013