October, 2023

HNL Lab Medicine®

# LAB-LINK

## NEW AND UPDATED TESTING INFORMATION



FOR THE MOST UP-TO-DATE TEST INFORMATION, VISIT OUR ONLINE HANDBOOK AT **HNL.COM/TESTMENU**

The American Medical Association (AMA) Current Procedural Terminology (CPT) codes published by HNL Lab Medicine are guidelines and are intended for informational purposes only. CPT coding is the exclusive responsibility of the billing entity. HNL Lab Medicine strongly recommends confirmation of CPT codes with third-party payors and/or the AMA. We assume no responsibility for billing errors due to reliance upon CPT codes provided by HNL Lab Medicine. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for which federal healthcare plan reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually. Physicians who consider reflex testing unnecessary may order an initial test without the reflexed test. Reflex or confirmation tests are performed at an additional charge.


HNL Lab Medicine®
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Allentown, PA 18109
United States


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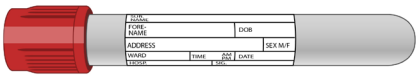
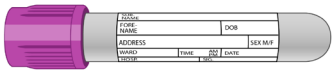
# TEST UPDATE



| Vitamin B7, Biotin | VITB7 |
|---|---|
| Effective Date | **October 2, 2023** |
| Description | HNL Lab Medicine no longer accepts Gold Top SST Tubes samples for Vitamin B7, Biotin testing. In addition, the use of aliquots in an amber transport tube is no longer necessary.<br><br>Instead, aliquot 1 mL serum or EDTA plasma from Red Top or Lavender Top EDTA tubes. They are the appropriate collection tubes for specimen integrity. Please refer to the Lab Handbook for up-to-date acceptable tube information. |
| Test Name | Vitamin B7, Biotin |
| Test Code | VITB7 |
| **SPECIMEN REQUIREMENTS** | |
| Minimum Volume | 1 mL serum or EDTA plasma |
| Container | Red Top Tube OR Lavender Top EDTA Tube<br>   |
| Collection | Separate serum or plasma from cells.<br><br>Transfer 1 mL serum or plasma into plastic aliquot tube and freeze. |

## Additional Information

If you have additional questions regarding this test, please contact Technical Support between the hours of 8 a.m. and 4:30 p.m. For general questions, Customer Care is available to assist at any time.

## Technical Support/Customer Care

Call 877-402-4221

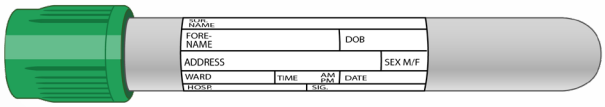
# TEST UPDATE



## CHEMISTRY & IMMUNOASSAY TUBE STANDARDIZATION

Dark Green Lithium Heparin Tubes

| | |
|---|---|
| Effective Date | **October 1, 2023** |
| Description | As part of our on-going standardization for chemistry and immunoassay testing, HNL Lab Medicine no longer accepts dark green lithium heparin tubes.<br><br>Due to sample integrity concerns with chemistry and immunoassay tubes that do not have separators, we will no longer accept these tubes after October 1st.<br><br>Serum tubes with separators (gold and red) as well as Plasma tubes with separators (mint green) are the appropriate collection tubes for specimen integrity. Please refer to the Lab Handbook for up to date acceptable tube information. |




Please Note:

- Whole Blood Glucose & Ionized Calcium (whole blood) testing is NOT changing and will remain in the LITH dark green tubes.
- Northern tier locations will continue to send venous blood gas (VBGs) & carboxyhemoglobin (CBXY) in LITH dark green tubes. The process for VBGs remains unchanged.
- LVH-Schuylkill should follow their current tube types. Ammonia testing at LVH-Schuylkill ONLY should remain in LITH dark green tubes.
- Always refer to the tube type printed on the lab label to ensure an appropriate collection container. The label will always reflect the most up-to-date tube type information.

### Additional Information

If you have additional questions regarding this test, please contact Technical Support between the hours of 8 a.m. and 4:30 p.m. For general questions, Customer Care is available to assist at any time.

### Technical Support/Customer Care

Call 877-402-4221

# NEW TEST



| Circulating Tumor Cells | MISC |
|---|---|
| Effective Date | **October 1, 2023** |
| Description | The CELLSEARCH® CTC Test is a simple, actionable blood test that helps oncologists assess the prognosis of patients with metastatic breast, prostate, or colorectal cancer.<br><br>The CELLSEARCH® CTC Test is: The first and only clinically validated, FDA-cleared blood test for enumerating circulating tumor cells (CTCs). |
| Test Name | Circulating Tumor Cells |
| Test Code | MISC |
| Alternate Name | CELLSEARCH® CTC |

### Additional Information

If you have additional questions regarding this test, please contact Technical Support between the hours of 8 a.m. and 4:30 p.m. For general questions, Customer Care is available to assist at any time.

### Technical Support/Customer Care

Call 877-402-4221

# NEW TEST

TEST UPDATE

| Joint Infection by PCR | JIPCR |
|---|---|
| Effective Date | **September 21, 2023** |
| Description | HNL Lab Medicine now offers a new syndromic panel for the diagnosis of joint infections. This panel is a qualitative multiplexed nucleic acid-based test capable of the simultaneous detection and identification of bacteria, yeast, and associated markers of antimicrobial resistance from synovial fluid obtained from individuals suspected to have a joint infection. |
| Test Name | Joint Infection by PCR |
| Test Code | JIPCR |
| Testing Schedule | 7 days/week |
| Report Availability | 1-2 days |
| **SPECIMEN REQUIREMENTS** | |
| Minimum Volume | 500 µl |
| Container | Sterile container with no preservative or anticoagulants |
| Collection | At least 1 ml of synovial fluid is recommended so that synovial fluid analysis and culture can also be performed. Culture MUST also be ordered for off panel targets and for performance of antimicrobial susceptibility for all organisms. |
| Clinical Utility | This panel has been demonstrated to aid in clinical decision making with the rapid detection of fastidious organisms and the ability to identify common resistance markers to begin prompt, appropriate treatment. The panel is not all inclusive for all causes of joint infection. Particularly notable are the absence of coagulase negative Staphylococcus (apart from S. lugdunensis) and Cutibacterium acnes. These organisms were excluded as they can be common contaminants. This panel should be used in conjunction with routine culture methods.<br><br>A utilization guide to help with the interpretation of the on-panel targets is included. Treatment recommendations are based on local or published antibiograms. Definitive treatment should be determined based on the clinical context and all available information, including susceptibility testing of cultured organisms. |

| Gram Positive Bacteria | Gram Negative Bacteria | Resistance Genes | Yeast |
|---|---|---|---|
| *Anaerococcus prevotti/vaginalis*<br>*Clostridium perfringens*<br>*Cutibacterium avidum/granulosum*<br>*Enterococcus faecalis*<br>*Enterococcus faecium*<br>*Finegoldia magna*<br>*Parvimonas micro*<br>*Peptoniphilus spp.*<br>*Peoptostreptococcus anaerobius*<br>*Staphylococcus aureus*<br>*Staphylococcus lugdunensis*<br>*Streptococcus spp.*<br>*S. agalactiae*<br>*S. pneumoniae*<br>*S. pyogenes* | *Bacteroides fragilis*<br>*Citrobacter spp.*<br>*Enterobacter cloacae complex*<br>*Escherichia coli*<br>*Haemophilus influenzae*<br>*Kingella kingae*<br>*Klebsiella aerogenes*<br>*Klebsiella pneumoniae group*<br>*Morganella morganii*<br>*Neisseria gonorrhoeae*<br>*Proteus spp.*<br>*Pseudomonas aeruginosa*<br>*Salmonella spp.*<br>*Serratia marcescens* | *Carbapenemases*<br>*IMP*<br>*KPC*<br>*NDM*<br>*Oxa-48-like*<br>*VIM*<br>*ESBL*<br>*CTX-M*<br>*Methicillin Resistance*<br>*mecA/C and MREJ*<br>*Vancomycin Resistance*<br>*vanA/B* | *Candida spp.*<br>*C. albicans* |

| Target | Description | Treatment |
|---|---|---|
| **Gram Positive Bacteria** | | |
| *Enterococcus faecalis* | Causes difficult to treat infections of native and prosthetic joints. | Ampicillin |
| *Enterococcus faecium* | Causes difficult to treat infections of native and prosthetic joints. | Vancomycin<br>Refer to Resistance Marker Guidance if Detected |
| *Staphylococcus aureus* | The main pathogens in joint infections. In febrile patient blood cultures should be obtained to rule out concomitant bacteremia. | Oxacillin/Cefazolin<br>Refer to Resistance Marker Guidance if Detected |
| *Staphylococcus lugdunensis* | A coagulase negative staphylococcus with virulence factors that lead to infections more like those caused by S. aureus than other coagulase negative species. | Oxacillin/Cefazolin<br>Refer to Resistance Marker Guidance if Detected |
| *Streptococcus spp.* | Second most frequent genus causing joint infections. | Ceftriaxone |
| *Streptococcus agalactiae*<br>*Streptococcus pyogenes* | B-hemolytic streptococci are uncommon causes of joint infections. | Penicillin |
| *Streptococcus pneumoniae* | More frequently seen as a hematogenous infection. Occurs in patients with underlying joint disease. | Penicillin |
| *Anaerococcus prevotti/vaginalis* | Anaerobic Gram-positive Cocci seen in soft tissue, bone and joint infections, and septic arthritis | Penicillin<br>Metronidazole |
| *Finegoldia magna* | | |
| *Peptoniphilus spp.* | | |
| *Peoptostreptococcus anaerobius* | | |
| *Clostridium perfringens* | Anaerobic, spore-forming, Gram positive rod. | Ampicillin/Sulbactam<br>Piperacillin/Tazobactam<br>Metronidazole |
| *Cutibacterium avidum/granulosum* | Gram-positive, aerotolerant anaerobic rods implicated in prosthetic joint infections, such as hip prothesis | Penicillin (+/- Rifampin), Ceftriaxone<br>Vancomycin |
| *Parvimonas micro* | Anaerobic bacteria that can cause septic arthritis of native joints. Common risk factors include recent dental procedures or infections. | Penicillin<br>Ampicillin |
| **Gram Positive Resistance Marker** | | |
| *mecA/C* | A marker of oxacillin resistance in Staphylococcus spp. | Vancomycin |
| *mecA/C and MREJ* | MREJ is a marker specific for mecA/C found in S. aureus. Detection of mecA/C and MREJ indicates detection of MRSA | Vancomycin |
| *vanA/B* | A marker of vancomycin resistance in Enterococcus spp. | Linezolid<br>Daptomycin |

| Gram Negative Bacteria | | |
|---|---|---|
| *Bacteroides fragilis* | An obligate anaerobe that is an infrequent cause of native or prosthetic joint infections | Metronidazole<br>Ampicillin/Sulbactam<br>Piperacillin/Tazobactam |
| *Citrobacter spp.*<br>*Enterobacter cloacae cmplx*<br>*Klebsiella aerogenes*<br>*Morganella morganii*<br>*Serratia marcescens* | Members of the Enterobacterales with intrinsic resistant mechanisms. More frequently seen in prosthetic joint infections. | Cefepime<br>Refer to Resistance Marker Guidance if Detected |
| *E. coli*<br>*Klebsiella pneumoniae grp*<br>*Proteus spp.*<br>*Salmonella spp.* | Member of the Enterobacterales seen in both native and prosthetic joint infections. More frequently occurring in prosthetic joint infections. | Ceftriaxone<br>Refer to Resistance Marker Guidance if Detected |
| *Haemophilus influenzae* | Occurs in patients with concurrent extraarticular infections. Frequently occurred in children <2 prior to vaccination. | Ampicillin/Sulbactam<br>Ceftriaxone |
| *Kingella kingae* | Causative agent of septic arthritis and osteomyelitis in young children | Ampicillin/sulbactam<br>Ceftriaxone |
| *Neisseria gonorrhoeae* | Gram negative diplococcus Causes septic arthritis of native joints following hematogenous spread. | Ceftriaxone<br>Doxycycline may be added if coinfection with C. trachomatis is not ruled out. |
| **Gram Negative Resistance Markers** | | |
| *IMP, KPC, NDM, Oxa-48-like, VIM* | Markers for carbapenem resistance in Gram negative pathogens. Organisms with carbapenemases can be difficult to treat. Selection of an appropriate antibiotic should be based on susceptibility testing if the isolate is recovered. | Consult Infectious Disease |
| *CTX-M* | An Extended Spectrum Beta-Lactamase (ESBL) in Gram negative pathogens. Other beta-lactamases are found in clinical isolates, and a negative result does not guarantee susceptibility to beta-lactams. | Consult Infectious Disease |
| **Yeast** | | |
| *Candida spp.* | Infections can occur following direct inoculation or hematogenous spread. Often causes infections in the knee. C. albicans is the most frequently recovered yeast in joint infections. | Caspofungin<br>Voriconazole |
| *Candida albicans* | | Fluconazole |

## Additional Information

If you have additional questions regarding this test, please contact Technical Support between the hours of 8 a.m. and 4:30 p.m. For general questions, Customer Care is available to assist at any time.

## Technical Support/Customer Care

Call 877-402-4221

*References:*


1. *Douglas R. Osmon, Elie F. Berbari, Anthony R. Berendt, Daniel Lew, Werner Zimmerli, James M. Steckelberg, Nalini Rao, Arlen Hanssen, Walter R. Wilson, Diagnosis and Management of Prosthetic Joint Infection: Clinical Practice Guidelines by the Infectious Diseases Society of America, Clinical Infectious Diseases, Volume 56, Issue 1, 1 January 2013, Pages e1–e25, https://doi.org/10.1093/cid/cis803*
2. *BioFire® Joint Infection Panel Instruction Booklet. bioMerieux. Salt Lake City, UT.*
3. *CLSI. Performance Standard for Antimicrobial Susceptibility Testing. 33rd ed. CLSI supplement M100. Clinical and Laboratory Standards Institute; 2023.*

# PATIENT SERVICE CENTER UPDATES



## NEW LOCATION – NOW OPEN

Dickson City Patient Service Center


HNL Lab Medicine has officially opened its brand-new Patient Service Center in Dickson City. This state-of-the-art facility was designed with the community in mind, providing easy access to high-quality laboratory services, including pediatric laboratory services, in a welcoming and patient-focused environment.

### Open House Event with Free Glucose Screenings

To celebrate the opening of the Dickson City Patient Service Center, HNL Lab Medicine invites the community to an open house event on Thursday, October 26, 2023, from 10:00 am to 2:00 pm. During this special event, visitors will have the opportunity to explore the new facility, meet dedicated staff members, and learn about the comprehensive range of laboratory services offered.

As part of HNL Lab Medicine's commitment to community health, free glucose screenings will be provided during the open house. This is an excellent opportunity for individuals to check their blood sugar levels and receive valuable health information from experienced professionals.

### Event Details:

- **Date:** Thursday, October 26, 2023
- **Time:** 10:00 am - 2:00 pm
- **Location Name:** HNL Lab Medicine – Dickson City Patient Service Center
- **Address:** 249 Scranton Carbondale Hwy., Fashion Mall, Dickson City, PA 18047


*"We are excited to introduce our new Patient Service Center to the Dickson City community," said Jessica Bargilione, Vice President of Marketing. "Our commitment to providing exceptional care is at the heart of everything we do, and this new center is a testament to that commitment. We look forward to welcoming our neighbors to our open house event and offering free glucose screenings to promote health and wellness in our community."*

The Dickson City Patient Service Center is a valuable resource for residents seeking convenient and reliable laboratory services.

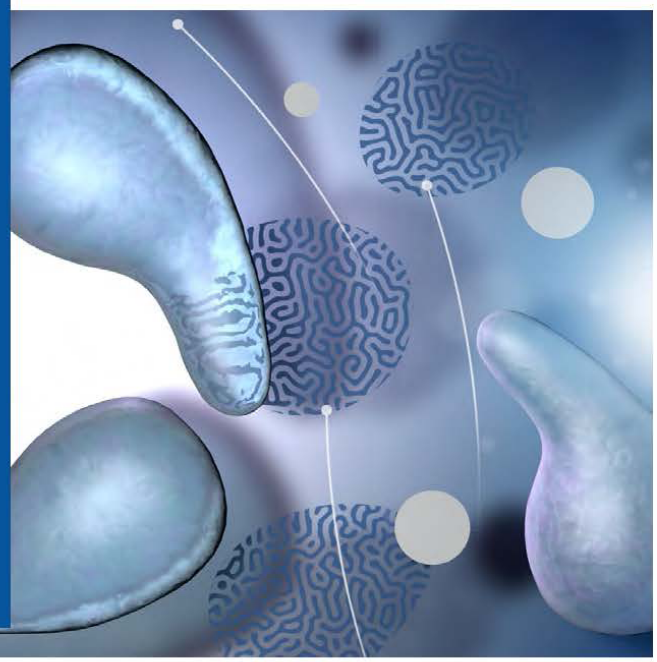
## Mycoplasma Genitalium ( Mgen ) Case Study



# Unmasking the Hidden Threat:

## Mycoplasma genitalium

In the ever-evolving world of diagnostics, a proactive approach is crucial to providing exceptional patient care. HNL Lab Medicine proudly presents its convenient Mycoplasma genitalium testing, a comprehensive solution for detecting M. genitalium infections. Through an extensive prevalence study, in partnership with Hologic, we have unveiled insights that highlight the urgent need for M. genitalium testing in local patient populations.

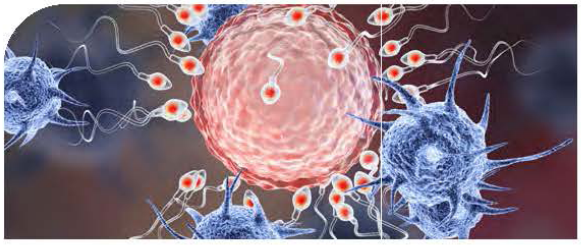


### About M. genitalium

M. genitalium is a sexually transmitted bacterium belonging to the class Mollicutes. This infection is strongly associated with urethritis in men and cervicitis in women. Consequences of M. genitalium infections can include pelvic inflammatory disease (PID), preterm delivery, spontaneous abortion, and infertility.

M. genitalium infections largely go unrecognized, as infected individuals are either asymptomatic or have symptoms similar to those associated with other bacterial infections of the urogenital tract. M. genitalium testing is recommended by the Centers for Disease Control and Prevention for all recurrent episodes of cervicitis and nongonococcal urethritis. Testing should be considered for cases of PID.

Current treatment recommendations are focused on chlamydial, gonorrheal or trichomonal infections. However, antimicrobial therapy for these infections is organism-specific, and therapeutic regimens effective against these organisms have reduced efficacy for curing M. genitalium infections. Therefore, effective and comprehensive treatment relies on the detection of the appropriate organism, making M. genitalium testing necessary in certain circumstances.



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HNL Lab Medicine

## Unveiling the Prevalance

Our study involved analyzing a total of 261 patient samples, encompassing a diverse range of cases. These samples were randomly selected from specimens collected for symptomatic and asymptomatic Neisseria gonorrhoeae, Chlamydia trachomatis, and Trichomonas vaginalis testing.

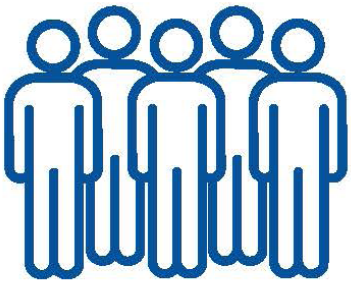
The total positivity rate stood at 8%, which included 61 samples where M. genitalium testing was specifically ordered. Random testing of 200 additional samples, where M. genitalium was not initially flagged by clinicians, revealed a positivity rate of 6%.

This reveals the elusive nature of M. genitalium, making its inclusion an imperative element of symptomatic testing protocols.

## Data-Driven Insights

Hard data speaks volumes. Our prevalence study findings emphasize the significance of M. genitalium testing. Our goal is to facilitate informed decision-making and encourage the inclusion of M. genitalium testing in symptomatic STI testing protocols. By sharing these prevalence study results, we aim to highlight the urgent need for proactive testing.

Contact HNL Lab Medicine today to discover how we can enhance your diagnostic capabilities and help you stay one step ahead of health concerns like M. genitalium. Empower your practice, protect your patients, and become a proponent of proactive healthcare. Together, we can make a tangible difference in the lives of those we serve.



**6%**

positive rate for sample where M.gen was not ordered

Mycoplasma genitalium infections are a hidden threat with severe consequences. Early detection through M. genitalium testing is crucial for effective treatment and prevention of complications.

Data-driven insights from the study emphasize the need for proactive testing; HNL Lab Medicine aims to facilitate informed decision-making and encourage the inclusion of M. genitalium testing in symptomatic STI protocols.

By partnering with HNL Lab Medicine, healthcare providers can enhance their diagnostic capabilities and protect their patients from the risks associated with M. genitalium infections.

**Questions? Contact our Genomics team at 484.244.2900**

**HNL.com**

Download Unmasking the Hidden Threat: Mycoplasma genitalium Case Study