

Reflex Testing- Southwestern Vermont Medical Center

Reflex testing is performed when initial test results are positive or outside normal parameters, which are used to further identify significant diagnostic information, required for appropriate patient care. The office of Inspector General has issued guidelines regarding reflex testing for laboratories. These guidelines state that we must disclose to physicians which tests are subject to reflex and allow physicians to decline reflex testing if not medically necessary. It is our policy to list tests subject to reflex on our requisitions. A physician has the option of declining reflex testing by indicating the name of the test in the box (bottom, right) on the requisition. All reflex testing is reviewed and approved by our Laboratory pathologists on an annual basis. All of our clients will be notified of changes in our reflex policy. Our current list of test(s) subject to reflex can be found below. Please contact the Laboratory at (802) 447-5341 with any concerns you may have regarding reflex testing before ordering the test. It is the policy of Southwestern Vermont Medical Center to perform reflex tests automatically when the following criteria are met:

1. You order a test listed in the following chart and
2. The initial test result meets the criteria listed in the chart for prompting a reflex test.

SVMC LABORATORY TESTS SUBJECT TO REFLEX

<u>Initial Test Ordered</u>	<u>Reflex Criteria</u>	<u>Reflex Test(s)</u>
Crossmatch (immediate spin)	Positive agglutination	Full AHG Crossmatch
Culture	Sterile fluids (except urine's), respiratory specimens, tissues and lesions	Gram Stain
Culture	Positive culture	Pathogen identification or Anaerobic identification or Fungal identification or Mycobacteria identification
Culture	Pathogen identification	Sensitivities (if applicable)
Fluid Cell Count	> 10 WBCs present	Differential
Emergency HIV Screen	Positive	HIV by Western Blot
Thin Prep Pap	Atypical squamous cells of undetermined significance	HPV, off the Thin Prep vial
Prenatal Panel	AB screen positive	Antibody ID panel Antigen typing
HCG Qualitative, Serum w/ reflex to HCG Quantitative	Indeterminate or Positive result	HCG Quantitative, Pregnancy

SVMC LABORATORY TESTS SUBJECT TO REFLEX, continued

<u>Initial Test Ordered</u>	<u>Reflex Criteria</u>	<u>Reflex Test(s)</u>
RPR	Positive at screening dilution	RPR titer
RPR Titer	Reactive RPR at dilution	FTA Antibodies
Thyroid Cascade (see testing algorithm at the bottom of this document)	TSH done 1 st - if outside normal ranges, a free T4 is ordered. If free T4 is <1.9 ng/dl and TSH is <0.1 u/ml, a T3 Free is ordered.	Free T4 T3 Free
Urinalysis	Protein, blood, leukocyte esterase or nitrate positive or cloudy appearance	Urine microscope
Urinalysis	Positive Bilirubin	Icto test confirmation
Urinalysis w/ reflex to Bacterial, Culture, Urine if Urinalysis Positive	Positive nitrate or leukocyte esterase or WBC or bacteria seen on microscopic exam	Culture, urine
Stool Culture	Bloody specimen	E. Coli Screen
Rapid Strep A Antigen	Negative results	Strep A Screen Culture

TESTING PERFORMED AT FAHC LABORATORY SUBJECT TO REFLEX (partial list)

<u>Initial Test Ordered</u>	<u>Reflex Criteria</u>	<u>Reflex Test(s)</u>
Anti Neutrophil Cytoplasmic Antibody	Positive at screening dilution	Anti Neutrophil Cytoplasmic Antibody titer
Anti Neutrophil Cytoplasmic Antibody	Positive perinuclear pattern	Myeloperoxidase Antibody
Dilute Russell Viper Venom	Result above normal range	LA Confirm test
Hemoglobin Electrophoresis	Suspicious for elevation of Hemoglobin A2	Hemoglobin A2
Hepatitis A Antibody	Positive result	Hepatitis A-IgM Antibody Confirmation
Hepatitis C Antibody	Low level reactivity	Hepatitis C by RT PCR
Mitochondrial Antibody	Positive at screening dilution	Mitochondrial Antibody titer
Smooth Muscle Antibody	Positive at screening dilution	Smooth Muscle Antibody titer

For a complete listing of FAHC tests subject to automatic reflex go to

www.fletcherallen.org or call Fletcher Allen Laboratory Customer Service at 800-991-

**TESTS PERFORMED AT MAYO LABORATORY
SUBJECT TO REFLEX (partial list)**

Initial Test Ordered	Reflex Criteria	Reflex Test(s)
HIV-1 Quant with Reflex to Genotype	If titer is > or =1,000	HIV-1 Genotypic Drug Resistance, P
HER2, Breast IHC, Automated	Cases that are equivocal (2+) by immunohistochemical stain	HER2 Amp, Breast Cancer, FISH
Syphilis IgG Ab w/Reflex RPR, S	Positive result	Rapid Plasma Reagin Test, S
Protein S Ag, P	Abnormal result	Protein S Ag, Total, P
Lyme Disease Serology, CSF	Positive result	Lyme Disease Ab, Western Blot, CSF
HSV Types 1 and 2 Ab, S	If IgM by EIA is reactive	HSV Ab, IgM, S by IFA
von Willebrand Factor Activity, P	If activity is <55%	Ristocetin Cofactor, P
ANNA Ab w/Reflex to Titer and WB	Positive result	ANNA Titer and Western Blot
HIV-1/-2 Ab Evaluation, S	Reactive result	HIV 2 Antibody, IBL

For a complete listing of MAYO tests subject to automatic reflex go to www.mayomedicallaboratories.com or call MAYO Customer Service at 800-533-1710

SURGICAL PATHOLOGY AND REFLEX TESTING

In Surgical Pathology, a specimen is sent to the laboratory with the intent that the pathologist will evaluate the specimen thoroughly enough to make a diagnosis. To this end the pathologist uses their medical judgment in ordering and interpreting additional studies on the material which they feel are necessary to fully evaluate the specimen. In this regard the pathologist is acting as a consultant in the care of the patient. The additional studies are charged only when deemed medically necessary by the pathologist. Such cases would include, but is not limited to, ordering special stains, decalcification of the tissue, immunoperoxidase stains, microbiology cultures on fresh tissue, flow cytometry on certain tumors or products of conception, and electron microscopy as indicated. In addition, certain other studies may be ordered such as FISH (fluorescence in situ hybridization) and additional antibodies in immunophenotypic analysis.

Certain special studies are performed on Surgical Pathology cases as part of the routine standard of care in evaluating that tissue such as, estrogen and progesterone analysis in invasive breast carcinomas, flow cytometry, and C-erb-B2 (Her2/neu) analysis. Providers can request additional studies on anatomic pathology cases, usually following discussion of the case with the pathologist.

THYROID CASCADE TESTING ALGORITHM

