

DID YOU KNOW?

- **Cutibacterium (Propionibacterium) acnes** glows orange when exposed to ultraviolet light, possibly due to the presence of endogenous porphyrins.



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Microbiology Nomenclature Update

Changes in nomenclature are made to better reflect an organism's biological traits. While these changes can be challenging to follow, their goal is to provide more accurate information regarding an organism's genotype and phenotype. This information is important for treatment of infectious diseases and epidemiology. For these reasons, regulatory standards mandate the microbiology laboratory maintain current nomenclature (1). Until the new names have become commonly accepted, the laboratory will state the previous name parenthetically.

One major change has occurred within the genus *Propionibacterium*. The organisms in this genus have been separated into 4 genera: *Acidipropionibacterium*, *Cutibacterium*, *Pseudopropionibacterium*, and *Propionibacterium* (2). The aerotolerant species (*P. acnes*, *P. avidum*, *P. granulosum*) are now in the genus *Cutibacterium* ("cuti-" from cutaneous) and this change is gaining acceptance in the published literature. These species will now be reported as follows:

- *Propionibacterium acnes*: *Cutibacterium (Propionibacterium) acnes*
- *Propionibacterium avidum*: *Cutibacterium (Propionibacterium) avidum*

- *Propionibacterium granulosum*: *Cutibacterium Propionibacterium) granulosum*

A few other nomenclature changes have occurred with some *Enterobacter*, *Actinobaculum*, and *Clostridium* species (4):

- *Enterobacter gergoviae*: *Pluralibacter (Enterobacter) gergoviae*
- *Enterobacter amnigenus*: *Lelliottia (Enterobacter) amnigenus*
- *Actinobaculum schaalii*: *Actinotignum (Actinobaculum) schaalii*
- *Actinobaculum urinale*: *Actinotignum (Actinobaculum) urinale*
- *Clostridium hathewayi*: *Hungatella (Clostridium) hathewayi*

For nomenclature changes of less frequently isolated organisms, the interested reader is referred to the following references (3-7).

References:

1. College of American Pathologists. 2016. Microbiology accreditation checklist. College of American Pathologists, Northfield, IL.
2. Scholz CF, and Kilian M. The natural history of cutaneous propionibacteria, and reclassification of selected species

within the genus *Propionibacterium* to the proposed novel genera *Acidipropionibacterium* gen. nov., *Cutibacterium* gen. nov. and *Pseudopropionibacterium* gen. nov.. *Int J Syst Evol Microbiol*. 2016 Nov;66(11):4422-4432.

3. Kraft CS, McAdams AJ, Carroll KC. A rose by any other name: practical updates on microbial nomenclature for clinical microbiology. *J Clin Microbiol*. 2017 Jan;55(1):3-4.
4. Munson E, Carroll KC. 2017. What's in a name? New bacterial species and changes to taxonomic status from 2012 through 2015. *J Clin Microbiol* 55:24-42.
5. Simner PJ. 2017. Medical parasitology taxonomy update: January 2012 to December 2015. *J Clin Microbiol* 55:43-47.
6. Loeffelholz MJ, Fenwick BW. 2017. Taxonomic changes and additions for human and animal viruses, 2012 to 2015. *J Clin Microbiol* 55:48-52.
7. Warnock DW. 2017. Name changes for fungi of medical importance, 2012 to 2015. *J Clin Microbiol* 55:53-59. doi:10.1128/JCM.00829-16.

New Mayo Tests Available



In August 2017, Mayo Medical Laboratories announced two new tests along with numerous reference value changes, obsolete tests, and algorithm changes.

The additions are:

- Polycythemia Vera, JAK2 V617F with Reflex to

JAK2 Exon 12-15, Sequencing for Erythrocytosis (ID: [PVJAK](#)) - Useful for aiding in the distinction between the myeloproliferative neoplasm polycythemia vera (PV) and other secondary erythrocytosis.

- Renal Cell Carcinoma, 6p21.1 (TFEB) Rearrangement, FISH, Tissue (ID: [TFEBF](#)) - Useful for identifying TFEB gene rear-

rangements in patients with renal cell carcinoma (RCC).

These tests can be found online in the Altru-Mayo Joint Test Catalog: <http://altrulab.testcatalog.org/> or Altru employees can simply type "Lab" in the search box under the Window Icon in the lower left hand corner of your computer screen to find the Laboratory Test Catalog.

Prompt diagnosis is very important because heparin treatment must be suspended and alternative anticoagulants used in the case of confirmed HIT.

New in-house Laboratory Test Heparin PF4 Antibody (HIT-Ab)

Heparin-induced thrombocytopenia (HIT) is an immune complex mediated disorder that can cause morbidity and mortality in patients receiving heparin. Prompt diagnosis is very important because heparin treatment must be suspended and alternative anticoagulants used in the case of confirmed HIT.

The in-house Heparin PF4 Antibody (HemoSIL® HIT-Ab PF4-H) is an instrumentation-based immunoassay, classified as a qualitative, latex enhanced

immunoturbidimetric assay (LIA) for the detection of anti-platelet factor 4/heparin (PF4/H) antibodies.

An in-house validation correlation was performed and indicated great correlation with the Mayo ELISA test.

The Heparin PF4 Antibody (HemoSIL® HIT-Ab PF4-H) assay results should be used with other information, including clinical context, in forming a diagnosis.

By bringing the HIT test in-

house, patient samples will be tested on demand, decreasing the turn around time from 48 hours to approximately 1 hour. Any questions or concerns contact: Melanee Brookshire, Hematology/Coagulation Supervisor 701.780.5534 or Dr. Christopher Lockhart 701.780.5357

Additional information can be found at: <http://www.captodayonline.com/buzz-prospects-build-heparin-induced-thrombocytopenia-test/>

Donating is Sweet!

Donate in the month of October and receive a FREE Cookie Dough from Papa Murphy's in Grand Forks.

With the cooler weather slowly approaching it is the perfect time to fall in and donate blood. Donors are still eligible to

donate blood after they received the Influenza Virus Vaccine as long as they are asymptomatic and feeling well the day of the donation. Donors should also eat a light meal within four hours before donating. For other information about donating blood please visit

www.dakminnbloodbank.org or call 701-780-5433.

Hours of Operation:

Monday, Tuesday, Thursday: 9:30 am – 6:00 pm; Wednesday: 7:30 am – 4:00 pm; Friday: 7:30 am – 2:00 pm

Walk-ins are always welcome!



APLS Employee Recognition



Congratulations to all pathology, laboratory, and donor center staff who have reached milestones in their careers with Altru! Thank you

for all that you have done and continue to do for our patients each and every day!

40 Years: Marilyn Cariveau

35 Years: Carol Braaten, Susan Hodenfield, Elaine Ramstad

30 Years: Joan Rust, Julie Dempsey

25 Years: Wendy Bulman

15 Years: Christine Brose

10 Years: Elda Atilano (Crookston), Tiffany Galletta, Elizabeth Gruman

5 Years: Jeanne Thibert, Peter Tronset (Crookston), Sarah Enlow, Karen Willard, Bipin Shrestha, Casey Myklebust, Haihua Hansen, Kumneger Abegaz

Combined you've brought 315 years of experience, friendship, talent and dedication!

THANK YOU!



Which Vitamin D?

With the number of laboratory tests available today selecting the correct one can sometimes be confusing. One particular test that the lab frequently see this confusion with is VITAMIN D. The tests 25-hydroxyvitamin D and 1,25-dihydroxyvitamin D are often ordered inappropriately.

When is it ordered?

25-hydroxyvitamin D

When calcium is low and/or a person has symptoms of vitamin D deficiency, such as bone malformation in children (rickets) and bone weakness, softness, or fracture in adults (osteomalacia), 25-hydroxyvitamin D usually is ordered to identify a possible deficiency in vitamin D.

The test may be requested when an individual is known to be at risk of vitamin D deficiency. Older adults, people who are institutionalized or homebound and/or have limited sun exposure, those who are obese, who have undergone gastric bypass surgery, and/or who have fat malabsorption are at an increased risk of a vitamin D deficiency. Also includ-

ed in this group are people with darker skin and breastfed infants.

25-hydroxyvitamin D is often requested before an individual begins drug therapy for osteoporosis.

1,25-dihydroxyvitamin D

This testing may be ordered when kidney disease or abnormalities of the enzyme that converts 25-hydroxyvitamin D to 1,25-dihydroxyvitamin D is suspected. Rarely, this test may be done when calcium is high or a person has a disease that might produce excess amounts of vitamin D, such as sarcoidosis or some forms of lymphoma (because immune cells may make 1,25-dihydroxyvitamin D).

When vitamin D, calcium, phosphorus, or magnesium supplementation is necessary, vitamin D levels are sometimes measured to monitor treatment effectiveness.¹

As the Test Utilization Committee at Cleveland Clinic points out, "Unnecessary testing presents patient satisfaction and safety issues. The more tests performed, the greater the potential for error (i.e.

there is a false-positive rate associated with any test that has a specificity less than 100%). From a patient satisfaction standpoint, it stands to reason that fewer phlebotomies would be associated with greater satisfaction. Finally, overutilization of laboratory testing also creates unnecessary financial burdens for hospitals, patients and third-party payers in this ever-tightening era of healthcare reform."²

For questions regarding test appropriateness or utilization, contact the APLS Pathologists:

Dr. Weiland 780-5358

Dr. Cooley 780-5133

Dr. Rodacker 780-5155

Dr. Brown 780-5269

Dr. Lockhart 780-5357

1. <https://labtestsonline.org/understanding/analytes/vitamin-d/tab/test/>
2. <http://portals.clevelandclinic.org/Portals/66/PDF/Procop%20Whitepaper%E2%80%9393PQ.pdf>

Questions?

The following lists specific individuals who can be contacted for questions or information regarding pathology and laboratory services:

Transfusion/Tissue Service and DakMinn

Terri Hintz, Supervisor 780-5146
Kristine Anderson, Operations Specialist 780-1871
Dr. Marv Cooley, Clinical Consultant 780-5133

Microbiology Service

Susan Kuntz, Supervisor 780-1650
Dr. Marijo Roiko, Director 780-5134
Dr. Ann Brown, Clinical Consultant 780-5269

Chemistry Service (including UA and POCT)

Sandy Martens, Supervisor 780-6436
Gary Stjern, Associate 780-5782
Dr. Tim Weiland, Clinical Consultant 780-5358
Barb Martin, Hospital POCT Coordinator 780-1436
Monica Churchill, Clinic POCT Coordinator 780-6599

Hematology Service (including Coagulation)

Melanee Brookshire, Supervisor 780-5534
Dr. Christopher Lockhart, Clinical Consultant 780-5357

Histology Service

Carla Kouba, Supervisor 780-1043
Dr. Mark Rodacker, Co-Clinical Consultant 780-5155
Dr. Tim Weiland, Co-Clinical Consultant 780-5358

Cytology Service

Marnie Larsen, Supervisor 780-1711
Dr. Tim Weiland, Clinical Consultant 780-5358

Quality Assurance/Safety Officer

Lacey Shultz 780-5638

Phlebotomy/Clerical Support Service

Cheryl Springer, Interim Supervisor Hospital 780-6932
Samoa Frownfelter, Associate 780-6269
Megan Snobl, Hospital Trainer/Educator 780-5645
Cheryl Springer, Supervisor Clinic; including Main Clinic, FMC, Pediatrics and Cancer Center 780-6371
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Kelly Hagen, Administrative Director 780-6165
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Laura Hagen, Manager 780-5138



Questions or comments? E-mail us at kadams@altru.org
To remove your name from our mailing list, please email kadams@altru.org.