

Reflexive Testing List

From Document: Reflex Testing Policy

Revised Date: May 2019

Test Ordered	Reflex Test Ordered
Blood Bank	
Direct Antiglobulin test (DAT, Direct Coombs)	Eluate if DAT positive
Antibody screen	-Antibody identification & DAT if positive -Antibody identification, DAT, titer if positive in obstetrics patient
Fetal screen (qualitative)	Kleihauer Betke or flow cytometry
Weak D positive in obstetrics patient	Kleihauer Betke or flow cytometry
Negative DAT on newborn	Immune A,B in newborn serum
Cord blood evaluation	- ABO on newborn if mother group O - Rh on newborn if mother Rh negative
Obstetric evaluation, new OB	ABO, Rh, and antibody screen
Obstetric evaluation, 28 weeks	Confirm blood and Rh type Antibody screen if Rh negative
Labor & delivery evaluation	Type and screen
Transfusion reaction evaluation	Serologic and other lab evaluations as determined by Director, consultative report
Type & screen, crossmatch	Abnormal results may be evaluated using antibody ID, DAT, eluate, absorptions, AHG crossmatch, cell typing of patient/unit, etc.
Chemistry and Special Chemistry	
Thyroid stimulating hormone (sensitive TSH)	Abnormal TSH: Thyroxine, Free (Free T4) performed.
Cholesterol/lipid panel	Direct LDL performed if triglycerides are >400 mg/dL
Hepatitis B Antigen positive	Confirmation test if result in "retest" zone
Hepatitis C Antibody positive	Quantitative Hepatitis C RNA by PCR
HIV 1,2 Antigen/Antibody Combo reactive	Multispot HIV 1,2 Antibody according to algorithm
Urine drug screen	Confirmation sent to reference lab for those UML clients that request reflex to confirmation. Client list and documentation of request maintained by UML.
Anti-Nuclear Antibody (ANA) and Anti-(double stranded) DNA Antibody	Equivocal and positive results are confirmed by immunofluorescence
Suspicious band on Serum Protein Electrophoresis	Immunofixation Electrophoresis (IFE) as requested by pathologist
Addition of Total Protein to Random/Timed Urine Electrophoresis, Random/Timed Urine Albumin testing	Add Total Protein because it is needed to complete the testing results
Thyroglobulin tumor marker	If anti-thyroglobulin is negative then thyroglobulin immunoassay is performed in-house, else thyroglobulin is sent out for testing by mass spectrometry.
Myeloperoxidase, Proteinase 3, ANCA	All equivocal or positive results are sent for confirmatory testing.
Connective tissue disease cascade	Algorithmic testing where ANA and anti-CCP are 1 st tier tests. Based on results additional tests performed may include dsDNA, ENA, centromere, histone, and confirmatory tests by immunofluorescence.
Celiac disease cascade	Total IgA is tested and then appropriate tests (IgG or IgA) are performed for tissue transglutaminase and deaminated gliadin peptide.
Lactic Acid Reflexive Test for Sepsis Core Measures	If baseline lactic acid is > 2.0 mmol/L, a follow-up lactic acid test will be automatically ordered, with a collect time 2 hours in the future.

Hematology & Coagulation	
PTT/aPTT Inhibitor Screen	If abnormal the laboratory must rule out heparin contamination with a thrombin time.
Urine Macroscopic abnormal (inpatient only)	Urine Microscopic
Bone marrow aspirate/biopsy	Reticulocyte count. Cytochemical stains, immunohistochemistry, flow cytometry, cytogenetics, FISH, molecular as ordered by pathologist
Differential, Manual	A manual differential is performed if indicated based on analyzer flags, or numeric indications as set by Director of Hematopathology.
Microbiology & Molecular Microbiology	
Identified Microbiology organisms pathogenic to the patient	Antibiogram testing
Isolated Microbiology organisms pathogenic to the patient	Bacterial/Fungal/AFB Identification
Cryptococcal Antigen Qualitative positive	Cryptococcal Antigen Quantitative
C. difficile detection	Immunoassay is performed and depending on the result, PCR will be performed based on testing algorithm.
Serum Syphilis Test (RPR) positive	RPR quantitative and microhemagglutination assay for confirmation on the first positive RPR only
Positive AFB culture	AFB Identification (may be in-house test or send out) and sensitivity testing (sent to reference lab)
Routine Stool Culture	E. coli Shiga Toxin
Rapid Throat Screen	Culture for negative rapid screens
Molecular Pathology	
Lung (non-small cell carcinomas)	EGFR, ALK, & KRAS mutations, PDL1 IHC
Lung (adenocarcinomas)	ROS1 FISH
Colorectal carcinomas (initial diagnosis, including biopsies), Endometrial Carcinoma	MMR (Mismatch Repair) by immunohistochemistry to include MLH1, MSH2, PMS2, and MSH6 and MSI as consistent with current guidelines
Colorectal carcinomas, metastatic	KRAS mutations, extended RAS/RAF mutation testing
Gastric adenocarcinoma	Her2neu amplification
Oropharyngeal squamous cell carcinoma	p16 by immunohistochemistry
Send out Drug Testing	
Meconium Drugs of Abuse Panel Includes Cocaine (as Benzoyllecgonine), Opiates, and THC (Cannabis), Phencyclidine, and amphetamines, barbiturates, Methadone, Benzodiazepines, & Propoxyphene.	Reflex to Confirmation for positives
Surgical Pathology	
Breast carcinoma	ER/PR, Her2neu, Ki-67

Reviewed and Approved by Medical Executive Committee on March 15, 2017