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IMMUNOLOGY

Lead, capillary blood RTRA change

Effective March 23, 2021, the Results that Require Action (RTRA or Critical Value) for the Lead, capillary blood assay (147/83655.3) will change.

Current	NEW
≥ 60.0 µg/dL:	≥ 50.0 µg/dL

It is recommended that results exceeding this value be immediately confirmed by testing on a venous blood sample.

REFERRAL TESTING

Metanephrines, fractionated, quantitative, 24 hour urine

LabCorp has announced a change to the reference ranges for the Metanephrines, fractionated, quantitative assay (13491/LAB13491) which is effective immediately.

Previous

Normetanephrine (normotensive)

0 to 2 years:	Not established
3 to 8 years:	13–252 µg/24 hours
9 to 12 years:	32–346 µg/24 hours
13 to 17 years:	63–402 µg/24 hours
> 17 years:	82–500 µg/24 hours

Normetanephrine (hypertensive)

17 years:	110–1050 µg/24 hours
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Metanephrine (normotensive)

0 to 2 years:	Not established
3 to 8 years:	5–113 µg/24 hours
9 to 12 years:	21–154 µg/24 hours
13 to 17 years:	32–167 µg/24 hours
> 17 years:	45–290 µg/24 hours

Metanephrine (hypertensive)

> 17 years:	35–460 µg/24 hours
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New

Normetanephrine		
Age	Male	Female
0 – 8 years	48 - 229	48 - 200
9 – 12 years	80 - 384	71 - 296
13 – 20 years	105 - 405	90 - 315
21 – 30 years	110 - 553	95 - 449
>30 years	156 - 729	131 - 612
Metanephrine		
Age	Male	Female
0 – 8 years	30 - 150	32 - 123
9 – 12 years	54 - 209	44 - 161
13 – 17 years	56 - 236	44 - 161
>17 years	58 - 276	36 - 209

pH, stool

Effective March 2, 2021, the pH, stool, is no longer performed at Allina Health Laboratory, and is instead referred to LabCorp as a Miscellaneous send out (994/LAB994).

Test name:	pH, stool
Test number:	994
Excellian order number:	LAB994
Abbreviation:	MSO
Alternate names:	Fecal pH Stool pH
Useful for:	<ul style="list-style-type: none">• Detect carbohydrate and fat malabsorption• Evaluate small intestinal disaccharidase deficiencies
Patient preparation information:	Barium procedures and laxatives should be avoided for one week prior to collection of the specimen
Specimen type:	Stool, random
Collection container:	Screw cap plastic container (non sterile)



Volume:	1 g
Minimum volume:	0.5 g
Transport container:	Screw cap plastic container (non sterile)
Transport and stability:	Ambient (<i>preferred</i>) – 14 days Refrigerated – 14 days Frozen – 14 days <i>Freeze/thaw cycles - stable x3</i>
Specimen retention time:	1 week
Reason for rejection:	<ul style="list-style-type: none">• Specimen contaminated with urine
Performing lab:	LabCorp (010991): R-NX
Days set up:	Daily
TAT:	2 - 5 days
Method:	Aqueous stool suspension measured with pH paper
Reference ranges:	0 - 6 months: 4.5 – 5.5 >6 months: 7.0 – 7.5

Clinical information:	<p>Stool pH is dependent in part on fermentation of sugars. Colonic fermentation of normal amounts of carbohydrate sugars and production of fatty acids accounts for the normally slightly acidic pH. If disaccharide intolerance is suspect, simple tests may be performed. Slightly alkaline pH may occur in cases of secretory diarrhea without food intake, colitis, villous adenoma, and possibly with antibiotic usage (with resultant impaired colonic fermentation). A stool pH of <6 (measured by pH paper) is suggestive evidence of sugar malabsorption. Children and some adults notice that their stools have a sickly sweet smell as the result of volatile fatty acids and the presence of undigested lactose. Low stool pH also contributes to the excoriation of perianal skin which frequently accompanies the diarrhea.</p> <p>High fecal pH may be a risk factor for colorectal cancer. Intake of oat bran (75–100 g/day over a 14-day period) has been shown capable of reducing fecal pH by 0.4 units. There is evidence, however, that high fecal pH may be secondarily rather than primarily related to cancer risk.</p>
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SUPPLIES

Quick reference

The critical nationwide shortage of specimen collection supplies due to the pandemic has improved for the following: Chlamydia trachomatis & Neisseria gonorrhoea, amplified probe (GCC) and ESwab. Previously, Allina Health Laboratory identified alternative swabs for culture collections, which conserved our inventory of the ESwab and Aptima collection devices.

As a result, Allina Health Laboratory has determined that effective March 15th, the collection processes can be modified to reflect the improved availability of resources.

Details

Understand the updates to the following test collections:

- Chlamydia trachomatis & Neisseria gonorrhoea testing, refer to Table 1.
Return to previous standard collection practices for Chlamydia trachomatis, Neisseria gonorrhoea and Trichomonas testing
 - ◇ MULTITEST Aptima kits: vaginal, rectal, oral sources. One vaginal collection can be used for multiple tests based on clinical presentation: Chlamydia trachomatis, Neisseria gonorrhoea, and/or Trichomonas/Candida/Bacterial Vaginosis by NAA.
 - ◇ UNISEX Aptima kits: endocervical, urethral sources.
 - ◇ Urine Aptima kits: urine source.
- Cultures collected using ESwab kits, refer to Table 2
 - ◇ Cultures being collected with alternative swabs will return to previous standard collection practices.
 - ◇ Strep A PCR collections continue using the current ESwab.
 - ◇ Wet prep genital collections continue using the BBL Culture Swabs.

Share the attached tables with staff who are involved in the patient collection process. These documents identify the appropriate collection device that correspond with the test codes. If you have questions, contact your account representative.

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