

The Lab Connection

Penobscot Valley Hospital Laboratory's Newsletter
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Online at <http://www.pvhme.org/pvh.nsf/View/Laboratory>



medical.siemens.com

Instrument Online

Laboratory coagulation instrumentation has been upgraded from a CA-540 to CA-560 analyzer, recently brought online. This new instrument has an added capability to perform quantitative D-dimer testing. Validation of this method is in process.

ABO Subgroups

Subgroups of A designated A₁ and A₂ can be detected using in-house laboratory methods. Approximately 22% of group A individuals have the A₂ subgroup; 1-8% of A₂ patients will produce anti-A₁. Subgroups are confirmed on two samples and these patients receive group O for transfusion.



E. coli showing lactose fermentation on selective agar. (microculture.tumblr.com)

Urine Cultures

Urine culture workup criteria has been revised to be more sensitive to uropathogens detected when possible urogenital/skin contaminants are present in significant numbers. Depending on colony counts, reports may contain one of the following comments:

POSSIBLE CONTAMINATION BY UROGENITAL / SKIN FLORA. RECOMMEND RECOLLECTION IF INDICATED.

OR

CONTAMINATED BY UROGENITAL / SKIN FLORA. RECOMMEND RECOLLECTION IF INDICATED.

In cases of possible contamination, uropathogens are reported.



News and Views

- New lot of PTT reagent validation
- Moving BNP to iSTAT
- Urine contamination is 43.2%
- Nurses educated on wound culture collection



wisbiomed.com

Disposable Safety

New product evaluation is an ongoing process. We are currently evaluating C-Chip disposable hemacytometers, a safe alternative to traditional glass.

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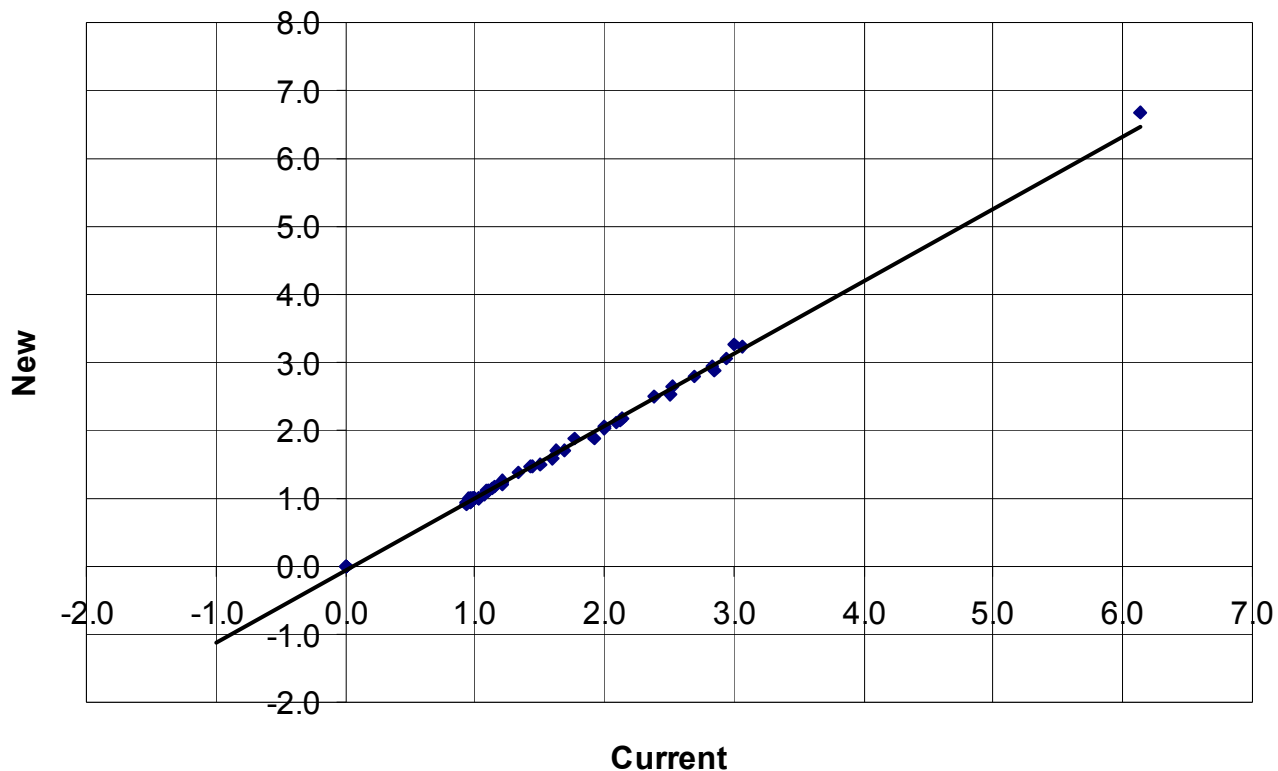
Innovation. Quality. Service.

Please turn over

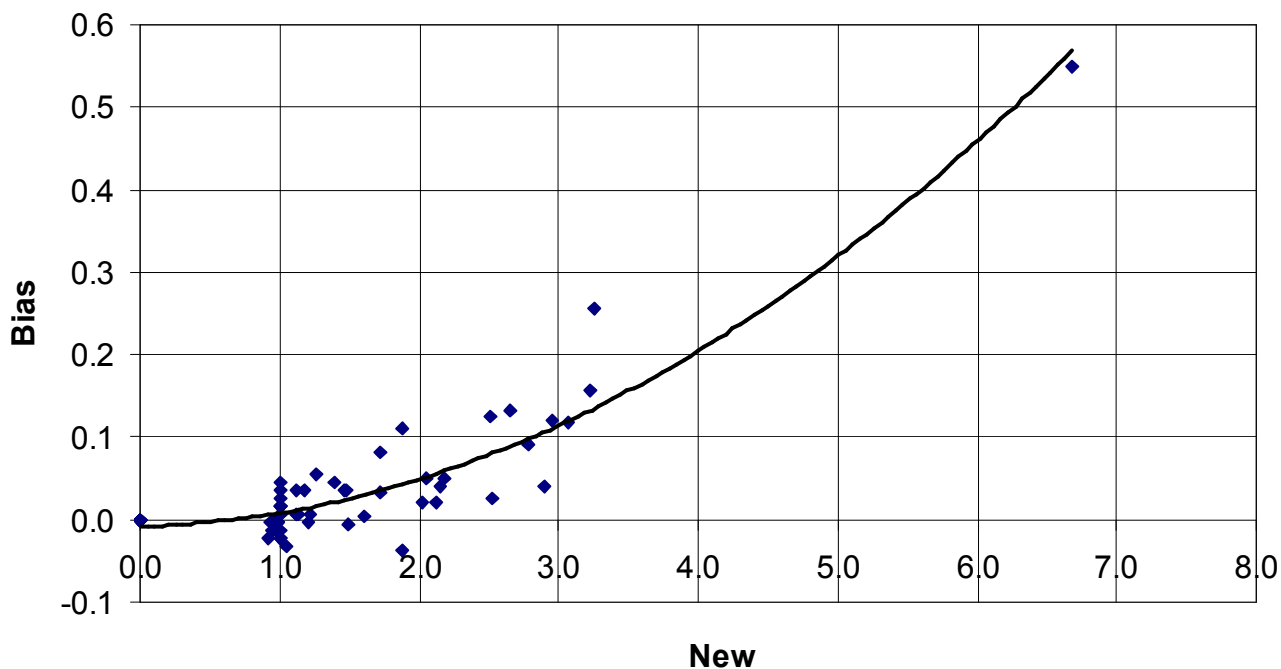
INR Correlation 2011

$$y = 1.0647x - 0.0512$$

$$R^2 = 0.9981$$



INR Bias



In-house study of lot-to-lot Innovin (INR reagent) crossover. Average bias = .025. Patient normal = 10.4 seconds; ISI = 1.01.