

Reflex Testing

CHI Health Laboratory has a set of tests that have predetermined criteria that may initiate further testing based on the results. Reflex testing consists of two protocols:

1. Good Clinical Laboratory Practice – Testing performed subsequent to the initial tests results and to further identify significant diagnostic information for appropriate patient care. In order to provide accurate and complete clinical information to the ordering provider.
2. Regulatory – Reflex tests are mandatory by state and federal regulations or the test manufacturer.
3. Notes:
 - a. If, after a test is ordered and performed, additional related procedures are necessary to provide or confirm the result the provider requested, these tests would be considered part of the original test order.
 - b. When reflex orders are executed in the above manner, the original test and any performed reflexed tests may be billed and submitted on a patient's insurance claim.
 - c. At the time of order, criteria for reflex testing must be available to the ordering physician/ practitioner (i.e., complete blood count [CBC] with automated differential reflex; urinalysis with microscopic reflex or culture reflex).
 - d. When reflex tests are offered, a non-reflex version must also be easily available as well as the components.
 - e. Reflex test information is indicated in our test catalog with each test and in each orderable in our electronic ordering system.

CHEMISTRY		
Test / Orderable	Criteria for Reflex Test	Reflex Test(s)
Lipid panel reflex	Trig > 400	Direct LDL
Fingerstick glucose	>130 for tolerance	Serum glucose
Urine protein electrophoresis	Protein <6 mg/dl on random or 24-hour collection	Cancel urine protein electrophoresis
BLOOD BANK		
Test / Orderable	Criteria for Reflex test	Reflex Test(s)
Prenatal profiles, ABO blood typing, and antibody ID	Complicated for unusual cases	Antibody ID, DAT antigen typing, antibody titers, absorption/elutions
Type and screen	Difficult to crossmatch due to abnormal antibodies	Crossmatch of two antigen negative compatible red cells
Cord blood	Hemolytic disease of newborn	Antibody ID, DAT, antigen types, or elution
Post transfusion	Transfusion reaction	Haptoglobin, plasma hemoglobin, urinalysis, gram stain, bilirubin, creatinine
Fetal screen (RhoGAM ordered)	ABORH always	Antibody screen if one has not been performed this admission.
Fetal screen (RhoGAM ordered)	Positive	Kleihauer-Betke
HEMATOLOGY		
Test / Orderable	Criteria for Reflex test	Reflex Test(s)
Urinalysis with culture if indicated	Greater than 10 WBC per high power field	Urine Culture
Urinalysis with microscopic analysis if indicated	Blood, protein, or nitrites present in any amount. Leukocyte esterase greater than trace	Urine microscopic analysis
MICROBIOLOGY / SEROLOGY		
Test / Orderable	Criteria for Reflex test	Reflex Test(s)
Cryptococcus screen	Positive	Cryptococcus titer
Hep B surface antigen screen	Positive	Confirmation
Hep C antibody	Equivocal/Positive	RIBA Hep C
HIV Ab/Ag	Positive	Immunoassay that differentiates HIV-1 atb from HIV-2 atb
Syphilis IgG screen	Equivocal/Reactive	RPR
Cultures	Positive	Organism ID and susceptibility
Rapid strep A test	Negative	Strep A culture
CSF gram stain	Ordered	CSF culture
Celiac IgA	≥7 mg/dl	Transglutaminase antibody IgA and Gliadin IgA
Celiac IgA	<7 mg/dl	Transglutaminase antibody IgG and Gliadin IgG
CYTOLOGY		
Test / Orderable	Criteria for Reflex test	Reflex Test(s)
Pap smears	ASCUS	HPV in situ hybridization