



Department of Pathology and Laboratory Services
2018 – Laboratory Reflex Testing Protocols

For Providers using electronic order entry system (EPIC CLINICALS):

- *If reflex testing is not desired, please select another test and request testing without the reflex protocol*

For Providers **not** using electronic order entry system:

- Reflex tests are identified with a blue “#” sign on the front page of NWH Laboratory Outpatient requisition. If reflex testing is not desired, please select the alternative test without the blue # sign on the NWH Laboratory Outpatient requisition.

The reflex tests listed below will be performed by NWH Laboratory based on yearly approval of these protocols by NWH Executive Committee of Medical Staff (without direct physician’s orders).

Clinical Laboratory Reflex Testing Protocols

Test Ordered/Performed	Criteria for Reflex	Test Ordered/Performed by Reflex
Lipid Panel with reflex	TRIG is > 400	Direct LDL
Thyroid with reflex	TSH is abnormal	FT4
Thyroid with reflex	TSH < 0.10 and FT4 <1.77	FT3
Thyroid L-T4 Therapy Monitor	TSH < 0.05	FT4
Syphilis AB Screen	Reactive or Equivocal	Syphilis IgG with reflex to RPR/RPR Titer and/or T. Pallidum by TP-PA
CSF and Body Fluid Differential Count	Abnormal Cells	Pathologist Review
UA with reflex	Esterase, Nitrite or WBC are Positive	Urine Culture
Bacterial Cultures	Growth of a Pathogen	Organism ID and Sensitivity
Rapid Strep with reflex Throat Culture	Negative	Throat Culture
RSV Rapid EIA	Negative,	RSV Rapid DFA
Anti-Nuclear Antibody	Positive	Titer and Pattern
Cold Agglutinin Screen	Positive	Titer
Hepatitis C with reflex	Reactive	Hepatitis C RNA Quantitative
HIV1/HIV2 IgG Antibody	Reactive	HIV1 and HIV2 Antibody Confirmation and Differential
Lyme AB Screen	Positive or Equivocal	IgG Western Blot and IgM IFA
Celiac Profile with reflex	IgA is low,	Deamidated Gliadin IgG and IgA
Celiac Profile with reflex	IgA is high	Endomysial IgA



Blood Bank Reflex Testing Protocols

If this test is positive ...	Blood Bank will do one or more as necessary ...
Direct Antiglobulin Test (DAT): <i>Polyspecific</i>	<ul style="list-style-type: none"> • Direct Antiglobulin Tests: IgG and Complement • Elution • Antibody Screen(s) using one or more methods or enhancement media • Antibody Identification • Absorption (sent to American Red Cross) • Red Cell Antigen (Patient) • Red Cell Antigen (Donor)
Antibody Screen	<ul style="list-style-type: none"> • Additional Antibody Screen (using different methods and/or enhancement mediums) • Antibody Identification (may include several antibody ID panels and additional testing cells) • Red Cell Antigen Typing (Patient) • Red Cell Antigen (Donor) • Send out to Reference Lab • Antibody Titer (if Prenatal and antibody may cause Hemolytic Disease of the Newborn) • DAT • Crossmatch (if blood transfusion is requested or reasonably anticipated)
Crossmatch	<ul style="list-style-type: none"> • Red Cell Antigen Typing (Donor)
Fetal Cell Screen	<ul style="list-style-type: none"> • Kleihauer-Betke