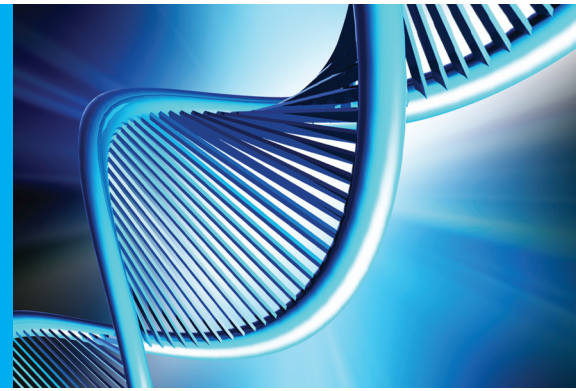


WINTER 2012

# Lab Link

THE NEWSLETTER OF MAIN LINE HEALTH LABORATORIES



## A Message from Main Line Health

**M**ain Line Health Laboratories (MLHL) transitioned effective July 1, 2011 from an independent laboratory company into Main Line Hospitals, Inc. The laboratories continue to operate at Lankenau Medical Center, Bryn Mawr and Paoli Hospitals. Riddle Hospital laboratory operates in conjunction with the other laboratories through a clinical services agreement between Riddle Hospital and Main Line Hospitals. As a result of the transition, patient billing is now performed by the Main Line Health Patient Accounting department.

Sales and marketing functions will be achieved via a blending of roles between hospital liaisons, management, selected staff, and physician leaders. Client relationship maintenance will be handled primarily by the MLHL leadership team. Client Services and IS support will remain responsible for interfacing with clients. The consolidation allows for more efficient, less costly operations by eliminating duplicate efforts.

Operationally, the Lankenau Core Lab, Bryn Mawr, Paoli and Riddle Rapid Response Laboratories will continue to provide safe, accurate, high quality services for our patients and clients.

We appreciate our clients' support during the transition and promise the same great laboratory services with which you are accustomed. ■

## Testing 1, 2, 3

### January is Thyroid Awareness Month

[www.thyroid.org](http://www.thyroid.org)

**T**he thyroid gland is the metabolic giant of the body, producing hormones that affect nearly every cell in the body. Assessment of its function can give an accurate picture of thyroid abnormalities. The **TSH test** is the recommended screening test for thyroid function by the American Thyroid Association. TSH, thyroid stimulating hormone, also known as thyrotropin, is a pituitary hormone that is released in a biofeedback response to active levels of thyroid hormone. The free T4 test can be ordered as a follow up when the TSH level is abnormal. With just these two tests a better diagnosis of thyroid function can be made. Other thyroid tests can provide additional information. TSH and free T4 testing are performed at all MLHL sites on serum from a plain red top tube.

*Submitted by Donna Frick, Clinical Laboratory Scientist, Paoli Rapid Response Lab*

### February is Heart Health Awareness Month

[www.americanheart.org](http://www.americanheart.org)

**L**aboratory tests offer many clues about heart health. Substances in blood can help physicians determine the risk of heart disease. These blood tests can aid in the diagnosis, treatment, and management of heart disease.

**Cholesterol** is a fat-like substance made in the liver and other cells and found in certain foods. Cell membranes need cholesterol in their structure and specialized cells need cholesterol to produce various hormones and the bile acids that help to digest fat. Elevated serum cholesterol may cause atherosclerosis by attacking the arterial walls, which could lead to plaque formation.

**High Density Lipoprotein (HDL)** cholesterol particles are more dense compared to other types of cholesterol particles, the source of their name. HDL acts to remove cholesterol from the inner walls of blood vessels (endothelium). In this way, HDL helps maintain the endothelium; damage to the endothelium is the first step in the process of atherosclerosis, which causes heart attacks and strokes.

**Low Density Lipoprotein (LDL)** cholesterol collects in the walls of blood vessels, causing the blockages of atherosclerosis. Higher LDL levels cause a greater risk for a heart attack from a sudden blood clot in an artery narrowed by atherosclerosis.

**Triglycerides** are the main form of fat in the body. They are the end product of digestion and the break down of fats. Triglycerides are bundled together into globules and transported through the blood to the liver.

Cholesterol, HDL and Triglyceride testing is performed at all MLHL sites. LDL testing is performed at Lankenau. The preferred specimen is serum from a (gold SST) tube. Specimens are centrifuged and separated from cells within two hours of collection. Tubes should be kept closed and in vertical position.

[continued on back >](#)

## Testing 1, 2, 3

continued from page 1

**Main Line Health Laboratories offers a “Lipid Profile” that may be ordered when indicated. It includes Cholesterol, HDL cholesterol, Triglycerides and calculated LDL cholesterol. Patients should fast for 12 to 14 hours prior to blood collection.**

**Creatine Phosphokinase (CPK)** is a cardiac enzyme found in blood and tissue. Low levels of enzymes are normally found in blood, but if heart muscle is injured, such as from a heart attack, the CPK enzyme leaks out of damaged heart muscle cells, and the levels in the bloodstream rise.

**C-reactive protein (CRP)** is a protein produced by the liver as part of the body's response to injury or infection (inflammatory response). Higher levels of CRP have been associated with poor prognosis in cases of stable angina, unstable angina and myocardial infarction.

HS-CRP can more accurately detect lower concentrations of the protein. HS-CRP may be ordered to evaluate cardiovascular disease risk in apparently healthy individuals who have not had recent infection or other serious illness.

CPK and CRP testing is performed on serum from (gold SST) or plasma (green lithium heparin) tubes. Specimens are centrifuged and separated from cells within two hours of collection. Tubes should be kept closed and in vertical position.

**B-type Natriuretic Peptide (BNP)** is a substance secreted from the ventricles or lower chambers of the heart in response to changes in pressure that occur when heart failure develops or worsens. Higher levels of BNP are seen when heart failure symptoms worsen.

The BNP test is performed at all MLHL sites on whole blood or plasma using EDTA as an anticoagulant. Whole blood specimens are stable for 7 hours at room temperature. If samples are not assayed within this time interval, the sample should be centrifuged immediately after collection and the plasma removed from the cells.

**Homocysteine** is an amino acid the body uses to make protein and to build and maintain tissue. Too much homocysteine may increase the risk of stroke and certain types of heart disease. Studies are yielding evidence that elevated blood levels of homocysteine have a predictive value for risk of coronary artery disease similar to that of elevated cholesterol levels.

Homocysteine testing is performed at Lankenau. The specimen should be drawn in gold SST (serum). Specimens are centrifuged, separated from cells within 1 hour and refrigerated as soon as possible after collection or collected on ice.



**Troponin I** is a contractile protein exclusively found in cardiac muscle. Elevated troponin I levels have been documented in cases of myocardial infarction, unstable angina, and congestive heart failure.

The Troponin I test is performed at all MLHL sites on serum (gold SST) or plasma (green lithium heparin) tube in the Rapid Response Labs or whole blood (lavender EDTA) tube at Lankenau. Serum specimens are centrifuged and separated from the cells within two hours of collection.

*Submitted by Liz Cromie and Dawn Mehalick, Clinical Laboratory Scientists, Paoli Rapid Response Lab*

## March is American Red Cross Month

[www.redcross.org](http://www.redcross.org)

**M**ain Line Health Health Laboratories supplies our 5 hospitals with red cells, fresh frozen plasma, platelets and other blood products obtained from the Penn-Jersey Red Cross facility in Philadelphia. Couriers transport life saving blood products to each of our hospitals everyday. The majority of transfusions are for trauma, surgical and patients undergoing cancer treatment.

In 2011, Main Line Health Laboratories transfused: 20,974 red blood cells, 5300 units of fresh frozen plasma, 3771 units of platelets, and 1019 units of cryoprecipitate.

**1-800-Give Blood!**

*Submitted by Liz Klinger, Blood Bank Mgr* ■

## Compliance Corner

### NEW ABN FORM EFFECTIVE JANUARY 1, 2012

Effective 1/1/2012, CMS requires providers to use an updated version of the Advance Beneficiary Notice of Noncoverage (ABN) (form CMS-R-131). This new version has a release date of “3/11” printed in the lower left-hand corner. Although this new version contains no substantive changes from the prior form, CMS considers any ABNs issued after 1/1/2012 on the old form invalid.

MLHL Client Services has issued the new ABN form to clients. **Please contact Client Services at 484.580.4200 if you need the new form.** ■

## Main Line Health Laboratories Contact Information

**Client Services** 484.580.4200

**Main Line Health Laboratories Billing** 484.829.6060

**Main Line Pathology Associates Billing** 610.459.3113

**Albert A. Keshgegian, MD, PhD, Medical Director, Main Line Health Laboratories** 484.476.3552

**Glenn Bull, Administrative Director Rapid Response Labs, Bryn Mawr** 484.337.3545

**Judyann Gilbert, Administrative Director Core Lab, Lankenau** 484.476.2630

**Liz Hallinan, Rapid Response Lab Manager, Paoli** 484.565.1412

**Chris Monzo, Laboratory Information Systems Manager** 484.580.4006

**Judy Smith, Rapid Response Lab Manager, Riddle** 484.227.3221



**Main Line Health**  
Well ahead.®