

CULTURE, THROAT COLLECTION

FALL 2015

THROAT CULTURE COLLECTION GUIDE

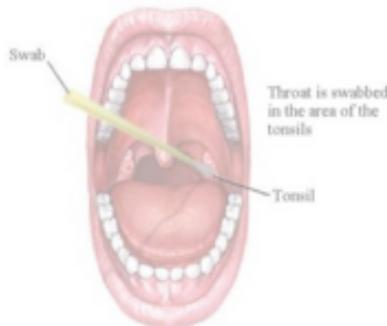
Test code 394

CPT code(s) 87070

Preferred specimen(s)

- Amies gel medium swab (blue swab)
- Amies liquid transport double medium swab (red cap)
- Eswab (blue-cap).

Collection Instructions



1. Ask the patient to open their mouth and say "AH".
2. Gently depress the tongue with a tongue depressor.
3. Guide the swab over the tongue to the posterior pharynx.
4. Gently swab the mucosa behind the uvula and between the tonsillar pillars back and forth.
5. Remove the swab without touching the tongue, uvula, or lips.

Minimum volume One transport swab

Alternative specimen(s) None

Transport container Transport swab or Eswab

Transport temperature Room temperature

Specimen stability

Deliver to the microbiology lab ASAP



Supply #141902
Amies Gel Swab (blue cap)

Throat Culture Collection Guide



NEWSLETTER

DLO's Premium Testing Reference Tool

Diagnostic Laboratory of Oklahoma launched the Virtual Test Guide (VTG), a premium test reference tool, on dlolab.com on September 10, 2015. This is a one-stop test reference tool which provides total information for certain tests offered through DLO. The guide includes test code(s), links to CPT code options, information on clinical significance of a test, complete specimen collection and transport instructions with color illustrations, photos of acceptable collection devices with the supply order number and links to additional test reference material or articles.

Bill Mosteller, CEO of Diagnostic Laboratory of Oklahoma states, "The Virtual Testing Guide is the result of caring DLO professionals understanding a clinical need and putting their creative minds to work solving an ongoing issue of improper collections. The VTG is an incredibly useful tool for physicians and office staff. It is a time saver

for all providers in that it's a quick 'look up' with pictures to ensure proper collection."

DLO's Virtual Test Guide started as a business improvement suggestion made by Tina Moore, DLO Customer Service Supervisor, for a competition held by Quest Diagnostics, one of DLO's parent companies. New to the position, Tina believed that a web-based test guide, which included testing and collection information, would assist DLO clients who have difficulty finding the information they are looking for prior to specimen submission as well as decrease calls clients need to make. DLO's customer service department representatives work with clients on specimen collection and submissions throughout our 24/7 operating hours. As a part of the competition, DLO developed a pilot program where 13 clients were given access to the VTG site that included the top 24 tests with historically troublesome

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Testing for BRCA Gene

Breast and ovarian cancers are common cancers that affect women. But only some of them are hereditary. Hereditary cancer can happen when a parent passes on a mutation (change) in a BRCA1 or BRCA2 gene to a son or daughter. Changes in these two genes cause about 3% to 5% of all cancers in the breast and up to 15% of all cancers in the ovary. Changes in the two genes also increase the risk for breast and/or prostate cancer in men.

DLO offers BRCAVantage Plus™ expanded testing for significant breast cancer susceptibility genes. This test looks for mutations in the BRCA1 and BRCA2 genes. It is performed on a next-generation sequencing platform in conjunction with our proprietary software for data analysis

to help ensure accuracy and confidence in the result. The test also employs the use of multiplex ligation probe amplification (MLPA) to detect large rearrangements. If a variant is identified, it is cross referenced with multiple mutational databases, ensuring a careful and complete clinical interpretation. If a BRCAVantage test is positive, the patient is at high risk for hereditary cancer. If the patient is high-risk, there are steps to take that can decrease the risk.

Quest has developed an online BRCA resource tool for providers and patient which is the source of information for the contents of this article. For more information on BRCAVantage Plus™ testing, visit brcavantage.com.

P.A.C.E. Continuing Education **Intermediate Level - 1 Contact Hour** **Assessment of Testosterone Deficiency in Men**

Registration is now open for this *upcoming live webinar*
Wednesday, November 18, 2015, at 12:00pm ET / 9:00am PT.

Live
Webinar!

okc.BIZ ranked DLO 3rd in Oklahoma's 'Best Places to Work'

For the 10th straight year, okc.BIZ has selected DLO to its Best Places to Work in Oklahoma program, which identifies and honors the state's best employers. DLO ranked third on a list of 32 Oklahoma companies that were chosen by Best Companies Group. This organization selects and ranks competition entrants by collecting and analyzing data from both employer questionnaires and employee surveys to determine which companies have the best practices.

"We are very proud to be listed among the best places to work in Oklahoma and in the healthcare industry," said Bill Mosteller, CEO of DLO. "Our employees take great pride in the service they provide to our clients and enjoy caring for the citizens of Oklahoma."

The rankings were announced at an awards reception and dinner held on September 22nd. The annual awards event was held at Embassy Suites Oklahoma City/Downtown Medical Center in the Grand Ballroom. Over 300 attendees representing 32 companies celebrated as the awards took place.

The event was co-hosted by Tierra Media Group Publisher Bill Bleakley and Marketing and Advertising Director Christy Duane.

"The businesses honored as the 2015 Best Places to Work in Oklahoma are a testament to the outstanding culture in our state. This program proves that Oklahoma is not only a great place to live and raise families, but it also defines

Oklahoma businesses as a top source in recruiting national talent. The companies honored tonight are an affirmation that the Oklahoma business sector is achieving significant advances in the local and global marketplace," said Bleakley.



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specimens. The pilot program ran throughout August 2015, during which time Quest cut the project from the competition. DLO's team continued with the project, wanting to see the pilot through to the end. After gathering the data, the guide was found to be a huge success.

The pilot data was impressive. The number of tests which couldn't be performed due to incorrect specimen submission was decreased by 55% for pilot participants for August. "I have worked in the field with clients asking what specimen to collect and then came to customer service only to see reps reading information off the specimen types for clients calling in. I thought, 'wouldn't it be great to have a picture of the specimen required next to the information for collection.' It seemed that it would help the clients, in their busy day, so they don't have to stop and call. It would also help to eliminate recollection which inconveniences patients. The results from the test pilot have been amazing!" Moore exclaims.

Flu & RSV seasons have begun

The days are growing shorter. The wind is cooler. Leaves have started covering the ground. Fall is upon us, as is flu and RSV season. For patients, respiratory illness can be challenging because they want immediate relief and a quick return to daily activities. For providers, accurate diagnosis of influenza or RSV can be challenging since flu and RSV seasons overlap (Flu: October-May; RSV: November-April) and their symptoms can be similar. Traditional rapid influenza diagnostic test sensitivities are approximately 50-70%,¹ with accuracy that can vary based on the type



References:

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DLO released the VTG to the public on Sept 10th. It can be accessed from the top menu bar at dlolab.com or directly at dlolab.com/virtual-test-guide. New tests are being added weekly based on client suggestion and specimen submission history. Test suggestions can be made through the on-line comment form. There are search engines posted throughout the guide to allow clients to search for tests according to test code, name, acronyms, disease state, specimen type and collection device.

DLO plans to steadily improve and expand the VTG by the continual tracking of test collection issues which might occur due to specimen submission. Mosteller believes that proper collection results in assuring timely, accurate testing with little need for recollections. "This is an example of DLO's primary focus of providing optimal patient care."

For more information, please visit dlolab.com/virtual-test-guide or contact Customer Service, 800.891.2917.

of specimen collected. They can identify Flu A and B, but cannot distinguish between the two.²

DLO offers Molecular Flu A/B + RSV testing so providers can get an accurate diagnosis, even at low concentration levels. This test is a qualitative real-time (RT)-PCR assay that delivers accurate results with a rapid turnaround time. It offers **100% sensitivities for Flu A and B**, with **specifications between 93%-100%**.²⁻³ It can detect and discriminate between Flu A, Flu B and RSV.

RSV is the most common cause of bronchiolitis and pneumonia in children under 1 year of age and may require hospitalization.⁴⁻⁶ It's increasingly being recognized as an important cause of respiratory illness in older adults.⁶ The RSV antigen detection sensitivity ranges between 80-90%, however, **RT-PCR RSV sensitivity is 98-100%**.²

Choosing a test that enables providers to differentially diagnose influenza A/B and RSV with accurate, reliable precision provides treatment decisions made with greater confidence.

For more information on [Molecular Flu A/B +RSV testing](#), visit [DLO's Virtual Test Guide](#).

America's Diabetes Epidemic

Over the past 30 years, the number of adults diagnosed with diabetes has grown nearly 4-fold.¹ This increase is closely linked to the rise in the number of people who are overweight or obese. Given the magnitude of the diabetes and obesity epidemics, as many as one-third of adults could have diabetes by the year 2050.¹ Early diagnosis and intervention could help stem this tide.

The Importance of Detecting Prediabetes

Prediabetes almost always precedes type 2 diabetes. Studies have shown that taking action during prediabetes can reduce the incidence of diabetes. Action can take the form of lifestyle changes such as weight loss and increased physical activity. Metformin can also be used. These steps can significantly reduce the number of cases of type 2 diabetes.² Thus, early detection of prediabetes is critical.

Table.

Risk Factors for Prediabetes and Type 2 Diabetes³

Age ≥45 years
Cardiovascular disease
Family history of type 2 diabetes
BMI ≥30 or BMI 25 to <30 plus additional risk factors
Physical inactivity
Asian, African American, Hispanic, Native American, or Pacific Islander ethnicity
Abnormal lipids: HDL-C <35 mg/dL and/or triglyceride level >250 mg/dL
IGT*, IFG, and/or metabolic syndrome
PCOS, acanthosis nigricans, or NAFLD** diagnosis
Blood pressure >140/90 mm Hg
Previous diagnosis of gestational diabetes
Delivery of baby weighing >9 pounds
Antipsychotic therapy for schizophrenia and/or severe bipolar disease
Chronic glucocorticoid exposure
Sleep disorders ^a plus glucose intolerance ^b

*IGT, impaired glucose tolerance; IFG, impaired fasting glucose; PCOS, polycystic ovary syndrome;

**NAFLD, nonalcoholic fatty liver disease.

^a Includes obstructive sleep apnea, chronic sleep deprivation, and night-shift occupation.

^b Hemoglobin A1C >5.7%, IGT, or IFG on previous testing.

Diabetes Screening Guidelines

Guidelines recommend that people with risk factors for prediabetes or type 2 diabetes (Table) be screened.³ At-risk individuals with normal glucose levels should be screened every 3 years.³ People with 2 or more risk factors may be screened every year.³

A Diabetes Risk Tool

A diabetes risk tool has been created to help evaluate people for some of the risk factors listed above.⁵ It provides a risk score that quantitates the likelihood of developing type 2 diabetes within 8 years. It's based on:

- Fasting glucose level
- Lipid measurements
- Body mass index (BMI)
- Blood pressure
- Parental history of diabetes

A higher score suggests a need for preventive therapy.

Diagnosis of Diabetes and Prediabetes

For many years, only blood glucose and/or oral glucose tolerance tests were recommended by guidelines. However, testing for hemoglobin A1c is now also widely used. It measures the amount of glucose bound to hemoglobin.

It's high when the average blood glucose level is high over the preceding 2 to 3 months. Blood glucose and oral glucose tolerance tests are sensitive. But they reflect only short-term glucose levels. They also require fasting or glucose loading and give variable results during stress and illness. The hemoglobin A1c test doesn't require fasting or glucose loading. Guidelines recommend its use for screening for prediabetes and diagnosing diabetes because it⁶:

- Estimates average glucose levels over a longer term than glucose testing
- Changes less than glucose levels during stress and illness
- Is more specific than glucose testing for identifying people at increased risk

Despite its value, hemoglobin A1c is not a perfect test. Results are inaccurate in conditions that change red cell turnover. Such conditions include anemia and malaria. Additionally, hemoglobin A1c doesn't measure postprandial plasma glucose excursions. These have been linked to increased risk for problems with blood vessels and the heart.

The Diabetes Belt

The percentage of adults with diabetes has grown fastest in Southern and Appalachian states. Scientists call this the “diabetes belt.” About 38% more people inside the belt have a diabetes diagnosis than people outside it.⁷ Scientists think that obesity and inactivity account for much of this trend.

Diabetes and Ethnicity

Members of some racial and ethnic groups are more likely to have diabetes than others. Half of all Hispanic people and African American women will develop diabetes in their lifetime.¹

Racial/Ethnic Group % of Adults with Diabetes¹

Native American 15.9

African American 13.2

Hispanic 12.8

Asian American 9.0

Non-Hispanic White 7.6

Results from glucose and hemoglobin A1c tests don't always agree. So many doctors use both. Together they identify more people with prediabetes than does either test alone.^{8,9}

How the Laboratory Can Help

DLO offers tests for blood glucose, glucose tolerance, and hemoglobin A1c. You can find out more about them at dloab.com. DLO also offers a test to determine the diabetes risk score: Diabetes Risk Panel with Score. It can be ordered with or without the Cardio IQ[®] report and can be used to:

- Diagnose prediabetes
- Assess risk for developing type 2 diabetes within 8 years
- Identify people who could benefit from lifestyle change and/or medication

It includes fasting glucose level, lipid measurements, and hemoglobin A1c. It also includes an 8-year risk score for developing type 2 diabetes. The score is based on test results and clinical and family history data. It's calculated by adding points for each risk parameter. This test can be used for people 30 to 79 years of age.

DLO named to the National 'Best Places to Work' list

DLO was recently named to the national top 100 Best Places to Work in Healthcare list. Cassie Boswell, Senior Human Resources Generalist, DLO, accepted on behalf of the company at the awards event in Nashville, Tennessee.

The 100 Best Places to Work in Healthcare competition is run by Modern Healthcare Magazine. Companies are selected through a rigorous Best Places to Work Group process.

“We were notified in August that we had made the national list for the second year in a row,” said James McKissick, Senior HR Business Partner, DLO. “Last year was the first time DLO competed at the national level.”

In 2014, DLO was recognized as being the 77th Best Place

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to Work in Healthcare nationally. At the Gala event this year, DLO was presented with the honor of being the 34th Best Place to Work, moving upward 43 places. Additional category rankings placed DLO 18th in the Supplier category and 12th in the Medium Sized employer category.

Cassie Boswell
(center), Senior Human Resources Generalist, DLO, accepted the recognition from officials from *Modern Healthcare Magazine*.





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<http://education.questdiagnostics.com/events/107>



The Importance of Measuring and Monitoring Inflammation in the Cardiovascular Patient

Dr. Levenson will help attendees understand the potential factors causing inflammation, review the risk factors critical that can lead to inflammation and discuss the biomarkers and their value in diagnosing and managing cardiovascular disease.

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Free CME Webinar



Vaginitis: Is it that Simple to Diagnose?

Dr. Dale Schwab helps the viewer to understand the Vaginal Microbiome Diversity and the complexities of diagnosing vaginitis and cervicitis as well as discusses how to diagnose occult CT/GC infections in women with vaginitis. <http://www.education.questdiagnostics.com/events/109>