

**ALBANY REGIONAL LABORATORY
229-430-4122**

INTRODUCTION

The Albany Regional Laboratory is a multi-function clinical laboratory which operates under the Public Health Division of the Georgia Department of Public Health. The laboratory which is licensed by the State of Georgia and the Federal Government (CLIA) is located in the District Health Building at 1109 North Jackson Street in Albany, Georgia, with Dr. E.A. Franko serving as Director.

The laboratory performs testing mandated by State Law as well as testing required by various Health and Environmental Programs. Services are available on a limited basis to private sector customers, but some may be subject to a nominal fee.

The goal of the Albany Regional Laboratory is to provide timely, accurate, and reliable test results. This goal can only be accomplished by following proper specimen collection and handling procedures. The following pages are a composite of the testing performed in the Albany Regional Laboratory, with specific requirements for specimen collection and submission for each type of test. Also included are guidelines for reporting, interpretation, specimen acceptance policies, and information on expected turn-around times.

A list of services for all the laboratories in the State Public Health System is also included in this manual. The Albany Regional Laboratory provides specimen collection outfits only for the services it provides. Outfits for tests performed in other State Laboratories must be ordered from the laboratory that performs that particular test.

For additional information contact:

Albany Regional Laboratory
1109 North Jackson Street
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BLOOD LEAD TESTING

229-430-4122

INTRODUCTION

The Albany Regional Laboratory performs blood lead testing on children from birth to six years of age for the Georgia Childhood Lead Poisoning Prevention Program (GCLPPP). The laboratory uses graphite-furnace atomic absorption spectrometry to analyze capillary and venous specimens. Blood lead concentrations ≥ 10 micrograms/deciliter ($\mu\text{g}/\text{dl}$) are reported to the GCLPPP for follow-up.

SPECIMEN COLLECTION/LABELING/REQUISITION FORM

I. FINGER-STICK SPECIMENS

A. Preparation of Finger

1. Powder-free examination gloves should be used to avoid contaminating the specimen.
2. Thoroughly wash the patient's hands with soap and water, and dry using a clean, low-lint towel. A foam-type soap can be used if water is not available.
3. Do not let the finger to be punctured come into contact with any surface, including the patient's other fingers.
4. The finger to be punctured (usually the middle finger) must be free of any visible infection or wound.
5. Grasp the finger to be punctured between your thumb and index finger with the palm of the patient's hand facing up.
6. If not done during the washing step, gently massage the fleshy portion of the patient's finger.
7. Clean the ball or pad of the finger with an alcohol swab.
8. Dry the finger with a sterile gauze.
9. It is not recommended to puncture the fingers of infants less than one year of age. Puncturing the heel is more suitable for these children (see GDHR Child Health Manual, Section B10, #1).

B. Puncturing of Finger

1. Grasp the finger and quickly puncture it with a sterile lancet in a position slightly lateral to the center of the fingertip.
2. Wipe away the first drop of blood with a sterile gauze. (This drop contains tissue fluids that will produce inaccurate results.)
3. If blood flow is inadequate, gently massage the proximal portion of the finger and then press firmly on the digital joint of the finger. A well-beaded drop of blood should form at the puncture site.

4. Do not let the blood run down the finger or onto the fingernail. (This blood is unsuitable for analysis and will give inaccurate results.)

C. Filling the Collection Container

1. The collection container must contain EDTA as the anticoagulant. No other anticoagulant is acceptable. These tubes have purple or lavender tops.
2. Touch the tip of the collection container to the beaded drop of blood.
3. Draw the blood into the container while maintaining a continuous flow of blood.
4. Fill the microcontainer at least have full, or to the middle line. Cap the microcontainer.
5. Holding the microcontainer between your thumb and forefinger, immediately invert the tubes several times to mix the blood and anticoagulant thoroughly. If this is not done the blood may clot. The specimen will be reported as unsatisfactory if any clots are observed, or if the quantity of blood is insufficient.
6. After filling and mixing the container, put a sterile gauze on the puncture site and have the patient or patient's mother apply pressure until bleeding stops. If bleeding continues for more than 5 minutes, consult a physician.
7. Label the container with the patient's first and last names. The specimen will be rejected if the name is missing or illegible.

II. VENOUS SPECIMENS

1. Use powder-free gloves to avoid contamination of the specimen.
2. Clean the puncture site with an alcohol swab, and dry with a sterile gauze.
3. Apply a tourniquet, and perform venipuncture using a butterfly needle of the appropriate size.
4. The vacutainer tube must contain EDTA as the anticoagulant (purple or lavender top). Allow the tube to fill to the appropriate mark.
5. Immediately invert the tube several times to thoroughly mix the blood and the anticoagulant. Specimens exhibiting clotting will be reported as unsatisfactory.
6. Label the tube with the patient's first and last names. The specimen will be rejected if the name is missing or illegible.

Requisition Form

1. Use Georgia Public Health form number 3583 (Rev. 8-01).
2. Fill out the form completely and legibly. Required fields include:
 - a. Submitter name, address, and phone number
 - b. Patient name
 - c. County of residence

- d. Patient date of birth
 - e. Patient race, ethnicity, & gender
 - f. Date of collection
 - g. Collection method (capillary, venous)
 - h. Reason for test (screen, confirmation, follow-up, other)
3. Make sure that the patient name on the sample matches the patient name of the form.

SHIPMENT OF SPECIMENS

For best results specimens should be shipped to the Albany Regional Laboratory on the day of collection. If this is not possible, specimens may be refrigerated at 2-8°C and mailed as soon as possible. The specimens may be shipped at ambient temperature.

1. Make sure the caps are on securely.
2. Wrap each specimen in absorbent packing material (kyfax), place specimens inside the aluminum can provided; and close the can securely. Alternatively, the specimens can be placed in a biohazard bag. If a biohazard bag is used, place the requisition in the outer pocket of the bag.
3. Place the aluminum can inside the labeled (Albany Regional Laboratory address) fiberboard container. Place the lid on the container, and secure with tape.
4. Specimens must be received by the laboratory within 14 days of collection or they will be reported as unsatisfactory.

UNACCEPTABLE SPECIMENS

Specimens will be reported “**No test – Unsatisfactory**” for the following reasons:

1. No patient identification on the specimen (first and last names must be legible);
2. Discrepancy between the patient identification on the specimen and the requisition form;
3. Insufficient quantity for testing;
4. Specimen broke or leaked in transit;
5. More than 14 days elapsed from specimen collection to receipt in Albany Regional Laboratory;
6. Specimen clotted; and
7. Wrong anticoagulant used (only EDTA is acceptable).

REPORTING AND INTERPERATION OF RESULTS

The laboratory strives to test all blood lead specimens on the day of arrival. Result reports are printed and mailed the day after the analysis is completed. Specimens with blood lead concentrations ≥ 10 $\mu\text{g}/\text{dl}$ are considered elevated. All elevated results are called to the submitter and faxed to the GCLPPP coordinator for immediate action.

**CHLAMYDIA & GONORRHEA
NUCLEIC ACID AMPLIFICATION TEST
229-430-4122**

INTRODUCTION

Chlamydia trachomatis is the most common treatable sexually transmitted infection affecting females of reproductive age in the United States today, with an estimated three million new cases each year. The majority of infected females have few or no symptoms, and asymptomatic infection in females can persist for up to 15 months. Women are frequently re-infected if their sex partners are not treated. Complications of untreated chlamydial infection in females include: acute pelvic inflammatory disease; ectopic pregnancy; chronic pelvic pain; and infertility.

Neisseria gonorrhoeae affects males and females from symptoms of purulent discharge in males, a few days after exposure, to very mild symptoms in females. Symptoms may pass unnoticed with a consequence that asymptomatic carriers contribute significantly to the public health problem of gonorrhea.

The Albany Regional Laboratory uses Target-amplified direct nucleic acid amplification test for chlamydia and gonorrhea.

SPECIMEN COLLECTION/ LABELING/ REQUISITION FORM

The APTIMA Combo 2 Assay is designed to detect the presence of *C. trachomatis* and *N. gonorrhoeae* in the following specimens: endocervical and male urethral specimens, and in female and male urine specimens.

Only the swabs and the specimen transport tubes contained in the APTIMA Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens can be used to collect patient swab specimens. A unisex swab is used for both male and female specimens. Swab specimens must be transported to the laboratory in the swab specimen transport medium and tube. Swab specimens must be transported to the laboratory at 2°C to 30°C and tested within 60 days of collection.

Urine specimens must be transferred into the GEN-PROBE specimen transport tube within 24 hours of collection and before being assayed. Urine specimens can be transported to the laboratory at 2° to 30°C in the urine specimen transport tube provided in the urine specimen collection kit. The fluid (urine plus transport media) level in the urine transport tube must fall within the clear pane on the tube label. After transfer, urine specimens can be stored at 2° to 30°C for up to 30 days after collection.

Use the Gen-Probe collection kits supplied by the District or County services and supply representative.

CLIENT TESTING CRITERIA:

- **Family Planning Clinics:** All females age 29 years or younger who receive a pelvic exam during a visit (initial, annual or comprehensive medical only) will be screened for chlamydia. A female will only be screened once per calendar year for chlamydia unless she has clinical signs or symptoms of chlamydia (cervicitis/MPC, friable cervix, cervical ectopy, abdominal pain, abnormal bleeding, dyspareunia or dysuria) or a new sex partner or multiple sex partners in the past 60 days. All females 30 years and older who meet these criteria will also be screened for chlamydia.
- **STD/General Clinics:** All females age 10-29, who receive a pelvic exam during a visit, will be screened for chlamydia. This includes rescreening females who are returning for medical problems, receiving more than one pelvic exam a year and/or are currently on antibiotics. All females 30 years and older who present with clinical signs or symptoms of chlamydia (cervicitis/MPC, friable cervix, cervical ectopy, abdominal pain, abnormal bleeding, dyspareunia or dysuria) or have a new sex partner or multiple sex partners in the past 60 days will also be screened for chlamydia. Male clients presenting for services should also be screened for chlamydia.
- **Teen Clinics :** All females who receive a pelvic exam will be screened for chlamydia. This includes rescreening females who are returning for medical problems, receiving more than one pelvic exam a year and/or are currently on antibiotics. Males should also be screened.
- **All female/male clients screened for chlamydia will also be screened for gonorrhea.**
- Females with cervical stenosis should be included in the chlamydia/gonorrhea screening.
- If the client does not have a cervix, she will not be included in the chlamydia screening.

SPECIMEN COLLECTION

Endocervical swab specimens

1. Remove excess mucus from the cervical opening and surrounding mucosa using the cleaning swab (white shaft swab in the package with red printing). Discard this swab. Note: To remove excess mucus from the cervical opening, a large-tipped cleaning swab (not provided) may be used. Discard the swab after use.
2. Insert the specimen collection swab (blue shaft swab in the package with green printing) into the endocervical canal.
3. Gently rotate the swab clockwise for 10 to 30 seconds in the endocervical canal to ensure adequate sampling.
4. Withdraw the swab carefully; avoid any contact with the vaginal mucosa.
5. Remove the cap from the swab specimen transport tube and immediately place the specimen collection swab into the transport tube.
6. Carefully break the swab shaft at the score line; avoid splashing the contents.
7. Recap the swab specimen transport tube tightly. Legibly label tube with patient name, patient ID# and date of collection. Unlabeled specimens will not be tested.

Male urethral swab specimens

1. The patient should not have urinated for at least one hour prior to specimen collection.
2. Insert the specimen collection swab (blue shaft swab in the package with the green printing) 2 to 4 cm into the urethra.
3. Gently rotate the swab clockwise for 2 to 3 seconds in the urethra to ensure adequate sampling.
4. Withdraw the swab carefully.
5. Remove the cap from the swab specimen transport tube and immediately place the specimen collection swab into the specimen transport tube.
6. Carefully break the swab shaft at the score line; avoid splashing the contents.
7. **Recap the swab specimen transport tube tightly. Legibly label tube with patient name, patient ID# and date of collection. Unlabeled specimens will not be tested.**

Urine Specimens

1. The patient should not have urinated for at least one hour prior to specimen collection.
2. Direct the patient to provide a first-catch urine (approximately 20 to 30 mL of the initial urine stream) into a urine collection cup which is free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Female patients should not cleanse the labial area prior to providing the specimen.
3. Remove the cap and transfer 2 mL of urine into the urine specimen transport tube using the disposable pipette provided. The correct volume of urine has been added when the fluid level is between the black fill lines on the urine transport tube label.

4. Recap the urine specimen transport tube tightly. This specimen is now referred to as the *processed urine specimen*. Legibly label tube with patient name, patient ID# and date of collection. **Unlabeled specimens will not be tested.**

Requisition Form

1. Use the Chlamydia and Gonorrhea requisition form #3568 .
2. Fill out the form completely by printing or typing legibly. Only legible information can be entered correctly into the laboratory database. Incomplete or illegible information may delay your results. Do not use computer-generated labels for patient information.
3. Information required is as follows:
 - a. Submitter information (submitter code, submitter address, and phone number).
 - b. Patient information (name, patient ID number, county of residence, zip code, State, race, ethnicity, gender, date of birth).
4. Specimen information (test requested, reason for test, date collected, source of specimen, specimen status).
5. Tear off the top section of form (white copy) and mail to the laboratory with the specimen, making sure the names on the specimen and form are EXACT matches. Retain the other two copies of the form (pink and yellow) for clinic and program use.
6. Chlamydia and Gonorrhea Laboratory Submission forms should be ordered as indicated by the STD Program Office.

SHIPMENT OF SPECIMENS

For best results, specimens should be transported to the laboratory on the date of collection; however, if this is impossible, specimens may be kept at room temperature and shipped as soon as possible. Urine specimens over 30 days old and/ or swab specimens over 60 days old at the time of arrival in the laboratory will be reported **unsatisfactory**.

1. Chlamydia/Gonorrhea APTIMA Combo 2 specimens may be transported at room temperature. Use the specimen transport cans and Albany address labels (available from the laboratory).
2. Be sure the caps on the transport tubes are secure, and wrap each specimen in absorbent packing material. Place the wrapped specimen inside the aluminum can, and close the can securely.
3. Wrap the completed requisition form around the aluminum can and secure it with a rubber band.
4. Place the aluminum can inside the labeled (Albany address) fiberboard can, close, and secure the lid with tape.
5. An alternate shipping method may be utilized by substituting the **BIOHAZARD BAG** for the inner aluminum container. If this method is chosen, the matching requisition forms should be placed in the pouch located in the front of each bag.
6. Specimens may be mailed or shipped by the method most convenient and expedient.

REPORTING AND INTERPRETATION OF RESULTS

The goal of the Albany Regional Laboratory is to test and report all Chlamydia/Gonorrhea APTIMA Combo 2 specimens within a 3 days turnaround period, unless confirmation testing is required. An electronic copy of all positive Chlamydia and Gonorrhea reports is transmitted to the State Sexually Transmitted Disease (STD) Program. A hard copy of all positives is also mailed to the State STD Surveillance Office.

Results are reported as follows:

Positive = Positive for *C. trachomatis* and/or *N. gonorrhoeae* rRNA was detected in the specimen, and as indicated by Aptima Combo 2 Assay.

Negative = Presumed negative for *C. trachomatis* and/or *N. gonorrhoeae* rRNA.

Equivocal = Indeterminate, a new specimen should be collected.

Unsatisfactory = Specimen compromised in some manner making it unsatisfactory for testing. The reason for each unsatisfactory result will be listed on the report form.

UNACCEPTABLE SPECIMENS

Specimens will be reported **unsatisfactory** for the following reasons:

1. No patient identifier on the specimen, or discrepancy between identifier on the specimen and requisition form.
2. Source other than urine, cervix or male urethra.
3. Two swabs received in the collection outfit.
4. No solution in the collection outfit.
5. No swab, or improper swab (not from Gen-Probe kit) in the collection outfit.
6. Urine specimens over 30 days old and/ or swab specimens over 60 days old from date of collection when received.
7. Collection kit expired.
8. No specimen received.
9. Medical/legal specimens (Aptima Combo 2 is not intended for medical/legal cases).

RABIES
229-430-4122

INTRODUCTION

The goal of the Albany Regional Laboratory is to confidently report an accurate and reliable diagnosis so that rabies treatment can be initiated if necessary. The Laboratory currently uses the Fluorescent Antibody (FA) methodology which is the most accurate microscopic test available for the diagnosis of rabies. One key factor in obtaining accurate results is the quality or condition of the specimen received. Due to the importance of rabies diagnosis, the specimen must not be compromised.

SPECIMEN COLLECTION/LABELING/REQUISITION FORM

1. Only specimens received in good condition with at least two identifiable principal brain parts are approved for reporting.
2. In all cases, there must have been exposure of human or domestic animals to the suspected rabid animal.
3. The Albany Regional Laboratory is not equipped to handle whole carcasses; therefore, only the **heads** of animals are accepted, except bats or small rodents. Bats or rodents should be submitted whole.

Environmentalists should follow these instructions for the removal of animal heads:

- A. Rubber gloves and protective clothing as well as face and eye protection should be worn while the head is being removed and packaged.
 - B. Sever neck so as not to damage the skull. Local veterinarians can assist in this removal. **Never advise clients to remove animal heads!**
 - C. Allow fluids and blood to drain from the head, and keep head as clean as possible. Place head in a double plastic bag for transportation to the laboratory.
 - D. If fleas or ticks are in evidence, spray insecticide into the plastic bag containing the head before closing.
 - E. Gloves should be cleaned and disinfected or discarded following use and cutting surfaces should be carefully cleaned and disinfected.
4. Only brain material (not the entire head) of very large animals (cows/horses) will be accepted, as the laboratory is not equipped to handle these large heads due to limited hood and sterilizer space. Veterinarians should be requested to perform this necropsy procedure.
 5. Rodents or rabbits are not accepted for laboratory examination unless the animal attacks a person unprovoked. Bites from animals that constitute no risk from rabies are hamster, guinea pigs, gerbils and white mice that are obtained directly from pet shops and have never been exposed to carnivorous animals or bats.
 6. Reporting will be delayed on specimens that are received frozen. If specimens cannot be delivered to the laboratory immediately, **refrigerate, but do not freeze.**

Requisition Form

3. Rabies History/Report Form #3062 should accompany each specimen submitted for rabies examination. This form provides the laboratory with the needed information for accurate results.
3. Fill out the form completely and legibly, being careful to include accurate addresses and telephone numbers for reporting.
3. A copy of each rabies report is forwarded to the State Office of Epidemiology for review and data collection.

SHIPMENT OF SPECIMENS

1. Properly package the specimen by placing the severed animal head in a double plastic bag and secure the bag by twisting and knotting. For bats or rodents, do not remove heads, but submit the whole animal.
2. Place the bag containing the specimen into a shipper with wet ice. **Do not use dry ice!** Seal the shipper. Place the completed history form in a separate plastic bag, and tape to the lid of the sealed shipper. Place the shipper in a cardboard box, tape, and address for shipment.
3. The package should be shipped prepaid to the laboratory. Use the method of shipment that will assure prompt service.
4. Any bite case in which the history reveals a strong probability of rabies should be handled with utmost speed. Hand-deliver such specimens to the laboratory after calling ahead to inform the laboratory manager of estimated time of arrival.
5. Do not ship specimens on the weekends unless prior approval has been obtained from the laboratory manager.

REPORTING AND INTERPRETATION OF RESULTS/CONSULTATION

1. Rabies testing is available Monday through Friday excluding official state holidays. Due to the required period of tissue fixation, reports will be issued the day following the receipt of the specimen. Reporting will be delayed on specimens that are received frozen.

NOTE: Specimens involved in emergency situations, and Monday and Friday morning specimens will receive only four hours of fixation; and reports will be issued the same day if received by 10:00. Otherwise, reporting will be next day or following the weekend.

2. If the brain material found inside the skull is decomposed or damaged to the point of uncertainty about its being brain tissue, no slides will be prepared unless human exposure to the suspected rabid animal is involved.
 - a. **No Exposure** – Reported “**unsatisfactory**” and comment is made “Test requires at least two identifiable brain parts.”

- b. **Exposure** – Routine testing is performed. If the test results are positive, a report can be issued as such. If the results are negative, a report of “unsatisfactory” is made and the comment “Test requires at least two identifiable brain parts” is added.
3. All Rabies reports are telephoned immediately to the submitter listed on the history form. Copies of each report are mailed to the submitter, County Environmentalist (County of animal), and to the State Epidemiology Office.
4. Test results may be given to concerned individuals, such as owners of animals, persons bitten, etc.

UNACCEPTABLE SPECIMENS

Rabies specimens will be reported as “**unsatisfactory**” for the following reasons:

1. There is no known exposure to humans or domestic animals.
2. Brain tissue is damaged or decomposed beyond recognition of at least two principal parts.
3. Tissue in preservative, such as formalin.

NOTE: See #2 under Reporting/Interpretation Section above.

SYPHILIS
229-430-4122

INTRODUCTION

All serologic services provided by the Albany Regional Laboratory are available to both public and private sector customers. Currently the Rapid Plasma Reagin (RPR) 18 mm Circle Card Test (a non-treponemal test) is the screening procedure for the diagnosis of syphilis. All reactive RPR tests will be confirmed by the Syphilis IgG Enzyme Immunoassay (EIA) or the Fluorescent Treponemal Antibody-Absorption Double Staining (FTA-ABS DS) test* unless the requisition form is marked **no confirmatory test needed**.

The current methodology for determining the immune status of an individual with regard to resistance or susceptibility to primary rubella infection is latex agglutination.

*FTA is performed on all specimens when the EIA results are equivocal, or the RPR results are greater than 1:16 with a negative EIA.

SPECIMEN COLLECTION/LABELING/REQUISITION FORM

For routine testing, whole blood from a venipuncture or serum transferred to a clean, leak resistant, non-breakable tube may be used.

NOTE: Plasma is not approved for use.

1. No special preparation of the patient is required prior to specimen collection.
2. Using universal precautions and standard venipuncture technique, collect approximately five (5) ml of blood in a plain (no additive) red-top vacuum blood collection tube. Use appropriate size needle (large enough to prevent hemolysis of the red blood cells) for the vein location and age of the patient.
3. Properly label with patient identifier (name, first and last), collection date, and name of submitter. Use a waterproof marker that will not fade, smear, or run during transportation and handling.
4. Allow blood specimen to clot undisturbed at room temperature for 20-30 minutes before transporting or storing.

Requisition Form

Legibly complete laboratory requisition form GDHR #3432 (Rev. 4-00) in full providing:

1. Submitter information
 - a. Submitter code (6 digits)
 - b. Name and address of submitter

- c. Submitter phone number
- 2. Patient information
 - a. Patient name
 - b. Patient ID# (e.g. chart #)
 - c. Birth date/age
 - d. Race, ethnicity, gender
 - e. Treatment status
- 3. Specimen information
 - a. Reason for test
 - b. Date specimen collected
 - c. Specimen type
 - d. Special test request

SHIPMENT OF SPECIMENS

In order to expedite the testing of all of the blood samples, and to insure the integrity of the sample, all specimens should be sent to the Albany Regional Laboratory on the day of collection:

- 1. Transport specimens using the doubled-walled mailing containers (aluminum and cardboard mailer provided by the Albany Regional Laboratory) or package in a cardboard box complying with federal regulations pertaining to the transportation of clinical specimens and etiological agents.
- 2. Wrap each specimen with absorbent material to cushion it from breakage or in case of leakage.
- 3. Place wrapped specimen in aluminum container and close lid.
- 4. Wrap the requisition form around the aluminum container, secure with a rubber band and place in:
 - a. The outer fiberboard mailer with the Albany Regional Laboratory address, (secure the lid with tape); or
 - b. A cardboard box sealed with plastic tape with an Albany Regional Laboratory address label. Labels are available from Albany Regional Laboratory.
- 5. An alternate shipping method may be utilized by substituting the **Biohazard Bag** for the inner aluminum container. If this method is chosen, the accompanying requisition form should be placed in the pouch located on the side of each bag.

NOTE: U.S. postal regulations allow up to 50 ml of blood to be transported in one package.

- 6. Transport specimen **promptly** to the laboratory. When mailing must be delayed, refrigerate at 2-8° C pending transport.
- 7. Transport by U.S. mail or courier.
- 8. While refrigeration during transport is not necessary, avoid exposure to extreme temperatures.

REPORTING AND INTERPRETATION OF RESULTS

Turnaround time for a RPR specimen is the same day if received in early morning, otherwise testing and reporting will be next business day. Arrangements may be made however, for “special request specimens” that are received after 9am for same-day testing and reporting. Results will be reported as follows:

RPR

Nonreactive - negative RPR test
Reactive - positive RPR test
Titer - Endpoint (highest dilution giving a reaction)

NOTE: All reactive RPR specimens will be confirmed by the EIA or FTA-ABS DS test unless the requisition form is marked **no confirmatory test needed**. RPR test is performed on all specimens submitted for EIA or FTA.

EIA

Nonreactive – negative EIA (tested by FTA if RPR is greater than 1:16)
Equivocal - +/- EIA (If specimen is repeatedly equivocal, it will be tested by FTA-ABS DS)
Reactive – Positive EIA

FTA-ABS DS

Nonreactive – negative FTA-ABS DS
Minimal Reactive – weakly positive FTA-ABS DS (1+ fluorescence)
Reactive – Positive FTA-ABS DS (2+ - 4+ fluorescence)

UNACCEPTABLE SPECIMENS

In order to expedite testing and to insure the integrity of the sample, all specimens should be sent to the Albany Regional Laboratory on the day of collection. If kept refrigerated at 2-8^o C until ready for transport, specimens can be tested satisfactorily for 14 days before the red blood cells lyse to the extent that tests cannot be accurately interpreted.

The Albany Regional Laboratory specimen acceptance policy requires that all specimens must be properly labeled with unique patient identifier (name) with matching identifier on requisition form, in acceptable testing condition, and accompanied by a completed requisition form. Failure to provide proper patient information may result in testing/reporting

delays. Plasma is not approved for any procedure; therefore, submit only venous blood without anticoagulants or serum.

Specimens will be reported “**No Test – Unsatisfactory**” for the following reasons:

1. No patient identifier on specimen (first and last names must be legible);
2. Discrepancy between patient identifier on specimen and requisition form;
3. Insufficient quantity for testing;
4. Specimen broken or leaked in transit;
5. Specimen grossly hemolyzed; and
6. Plasma submitted instead of serum.