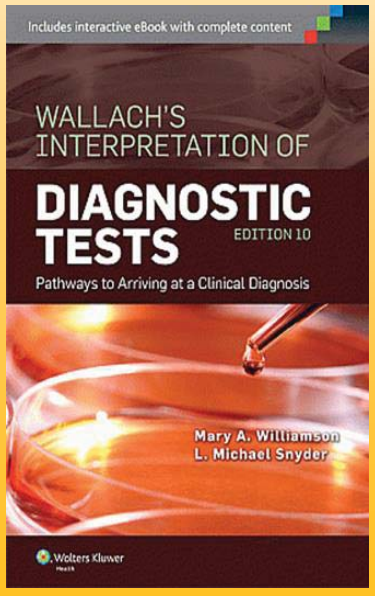
September 2014

Links Newsletter

The latest news, service information, tips and industry insight and from our staff of professionals at ACM Medical Laboratory

ACM Medical Laboratory



ACM Medical Laboratory is proud to announce that Dr. Mary Williamson, Vice President, Scientific Affairs and Laboratory Operations, is named as the senior editor of Lippincott Williams & Wilkins Tenth Edition of Wallach's Interpretation of Diagnostic Tests. The textbook is considered a leading resource for clinical laboratory medicine and is geared for the primary care physician, physician's assistant, nurse practitioner, and medical and nursing students as a guide to improve laboratory utilization by making it simpler to select and interpret the most useful laboratory tests for specific disease states.

ACM Offers *H. pylori* BreathTek® UBT

Dr. Suzanne Dale, Director, Microbiology and Molecular Diagnostics

ACM Medical Laboratory is pleased to offer the BreathTek® UBT for the detection of H. pylori. As a principal cause of chronic gastritis, H. pylori is implicated in greater than 75% and 90% of gastric and duodenal ulcers, respectively. The BreathTek® UBT is a convenient and non-invasive method that allows a physician to make an initial diagnosis of H. pylori and to monitor the effects of therapy to ensure the successful eradication of H. pylori. Unlike serology (H. pylori antibody testing), which may detect current and past infection with H. pylori, the BreathTek® UBT detects active gastrointestinal infection.

The BreathTek® UBT directly detects the urease activity of H. pylori by measuring $^{13}CO2$ in expired air. When used initially as a diagnostic aid, the BreathTek® UBT exhibits very high sensitivity and specificity. Compared to a an endoscopic reference standard of biopsy specimens tested by culture, histology and a urease detection test, the sensitivity and specificity of the BreathTek® UBT was 95% and 90%, respectively, in symptomatic adult patients. In a similar study performed in children between the ages 3 and 18, the sensitivity and specificity of the BreathTek® UBT was 96% and 99%, respectively.

To prepare patients for the BreathTek® UBT, patients should be instructed:

a) Not to eat or drink for 1 hour prior to taking the test.

b) To avoid taking all antibiotics, proton pump inhibitors (PPIs) and bismuth preparations (Pepto-Bismuth) for two weeks prior to the test.

Note: If PPIs are taken within the two week period leading up to testing, a false negative test may occur. If a negative result is reported on a patient who has taken these medications prior to testing, the BreathTek® UBT should be repeated 2 weeks after discontinuation of the PPI. A positive result for a patient on a PPI should be considered a true positive and acted upon, if clinically indicated.

ACM Opens New Super Center in Greece, NY

On July 28, ACM opened a new Patient Service Center for collection of samples at 2655 Ridgeway Avenue, located in suite 120. All aspects of the new center are designed to enhance patients' comfort and convenience. The state-of-the-art facility is easily accessible, has ample parking and will offer extended service hours. The facility will be open weekdays from 6:00 AM to 5:00 PM, and Saturdays from 6:00 AM until noon. The friendly, courteous staff is highly experienced in the collection of blood and other patient samples, and is specially trained for pediatric care. ACM accepts laboratory requisitions from any physicians' office.

Patient's Rights to Access Lab Test Reports

On February 6, 2014, the Federal Department of Health and Human Services published amendments to 42 CFR Part 493 and 45 CFR Part 164 giving patients the right to access medical records directly from clinical laboratories, including completed laboratory test reports (http://www.gpo.gov/fdsys/pkg/FR-2014-02-06/pdf/2014-02280.pdf). The new Federal rule became effective on April 7, 2014, with a compliance date of October 6, 2014. Under the Federal rule, the laboratory generally must provide results to patients no later than 30 days after receipt of a request for test results. The rule does allow for health care professionals to deny patients access to laboratory test results only on the grounds that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.