THE University of Vermont MEDICAL CENTER

Pathology & Laboratory Medicine

Communiqué

IN THIS ISSUE

Laboratory Services Summer Holiday Hours

Location	Labor Day September 4, 2023
Main Campus ACC Burlington	Closed
Fanny Allen Campus MOB Colchester	Closed
UHC Campus 1 South Prospect Burlington	Closed

Any days not listed here are regularly scheduled hours. Patients are seen in the order in which they arrive at ACC and UHC, unless they need immediate testing, timed tests, or have special needs. Some testing must be scheduled in advance or have other special considerations.

Appointments are required at the Fanny Allen Campus MOB. Please call 847-8864 to schedule your appointment.

Laboratory Operations

Specimen Drop Off

When providing specimen containers to your patients for “at home” collections that are subsequently to be dropped off at the lab, it is of vital importance that you instruct patients to include 2 identifiers (**Full Legal Name and Date of Birth**) on all samples dropped off. Failure to do so may result in rejection of samples.

Faxed Laboratory Orders

To our community providers: Please allow 48 hours for faxed-in lab orders to be transcribed into Epic for Phlebotomy. If your patient will be coming to a UVMMC outpatient lab for their lab collection within 48 hours, please notify Lab Customer Service at (802) 847-5121 so that we may be sure the order is entered.

#VermontStrong

“Dear Vermont: We ❤️ you. We know it's been a rough few days. That it might get worse before it gets better. That we're just starting on a long, uncertain road to recovery. But oh my goodness, this state knows how to come together! So many neighbors helping one another. Communities rallying together. Road crews, first responders, emergency managers, our elected officials, friends and family from near and far, all joining in the herculean effort to rescue, to rally, to recover. Don't worry, Vermont. We got you.

And we know you've got us, too. Amidst all this destruction, beauty can be found: The overflowing Winooski River, in the flooded forests near its mouth into Lake Champlain, formed this heart-shaped pond, which I noticed at twilight yesterday while flying my drone overhead. No fakes, no AI, no trickery — just Mother Nature reminding us that we can find love and heart in the unlikeliest of places and times.”

Adam Silverman

Compliance

Coding Corner

1. Tick bite testing for Lyme Disease:

ICD 10 code W57.XXXA or W57.XXXD can never be used alone.

- If the patient presents with signs or symptoms, you must include those codes.
- In the absence of signs/symptoms, you must code to the body part that was bitten if known.

EPIC USERS: In the EPIC order "Assoc Encounter Diagnosis" Field -Type in "insect bite" **and** the body part (ex. Insect bite thigh) then select the correct laterality.

Ex. S70.361XX_ - Insect bite (nonvenomous), *right* thigh

S70.362XX_- Insect bite (nonvenomous), *left* thigh

S70.369XX_ - Insect bite (nonvenomous), *unspecified* thigh

If the body part is unknown- T14.8XX_- Other injury of unspecified body region

The appropriate 7th character is to be added to each code

A **initial encounter**

D **subsequent encounter**

S **sequela**

2. Unspecified codes:

Many insurers will deny claims with "unspecified" diagnoses. Please use the most specific diagnosis code.

Most common unspecified diagnosis that require a call to your office:

- M25.50 (unspecified joint pain)
  Examples of specific coding:
  - M25.511- Pain in right shoulder
  - M25.512- Pain in left shoulder
- M19.90 (unspecified osteoarthritis, unspecified site)
  - M19.011- Primary osteoarthritis, right shoulder
  - M19.012- Primary osteoarthritis, left shoulder

If a bilateral code is not available, use the laterality codes for both left and right

Compliance

Compliance Heads Up

Please check before you select!

When ordering, please verify additional testing is not a component of an ordered panel.

For example, BMPs and CMP's contain BUN and Creatinine. Do not order a BMP or CMP with an additional BUN or Creatinine.

*To determine what is included in a specific panel, refer to our Laboratory Test Catalog.

University of Vermont Medical Center Laboratory Test Catalog

Enter the name of the test and check the "Important Note".

COMPREHENSIVE METABOLIC PANEL | Test Code **CMP**

Important Note

Test includes. **Alkaline Phosphorous**, **Albumin**, **ALT**, **AST**, **Total Bilirubin**, **BUN**, **Calcium**, **Chloride**, **CO2**, **Creatinine**, **Glucose**, Potassium, **Total Protein**, Anion Gap, A/G Ratio, and **Sodium**.

Or refer to the back of our Outpatient paper requisition. Green fill identifies tests included in the panel.

PANEL	LYT	LIVR	LPR	BMP	CMP
CPT	80051	80076	80061	80048	80053
ALBUMIN					
ALK. PHOS.					
ALT					
AST					
BILI, TOTAL					
BILI, DIRECT					
CALCIUM					
CO2					
CHLORIDE					
CHOLESTEROL					
CREATININE					
GLUCOSE					
POTASSIUM					
SODIUM					
PROTEIN, TOTAL					
TRIGLYCERIDE					
BUN					
HDL					

Previously Distributed Test Updates

Anemia Cascade Update

Effective May 22, 2023, there will be updates to our Anemia Cascade testing (LAB9895). One of the changes includes the replacement of the Reticulocyte Count with the ***Reticulocyte Battery***. The Reticulocyte Battery includes the Immature Reticulocyte Fraction and the Reticulocyte Hemoglobin (Ret-He) in addition to the Reticulocyte Count. Ret-He provides a measurement of the hemoglobin content of reticulocytes and is useful in diagnosing and monitoring iron deficiency anemia.

Anemia Cascade (LAB9895) Initial Orders	
Current Orders Included	**Orders Included w/Update**
CBC and Differential	CBC and Differential
Reticulocyte Count	***Reticulocyte Battery***
SST Hold	SST Hold

A serum separator tube (SST) hold is required for any reflex testing that is indicated based on the CBC with diff and Reticulocyte Battery results.

Microcytic	Normocytic	Macrocytic
If Reticulocyte Hemoglobin is **not decreased**: **Creatinine** will be reflexed. If Reticulocyte Hemoglobin is **decreased**: **Iron Saturation and Ferritin** will be reflexed. If Ferritin is **not decreased**: **Creatinine** will be reflexed.	If reticulocyte count is **not increased** and the Reticulocyte Hemoglobin is **not decreased**: **Creatinine** will be reflexed. If reticulocyte count is **not increased** and the Reticulocyte Hemoglobin is **decreased: Iron Saturation and Ferritin** will be reflexed. If reticulocyte count is **increased: LDH and haptoglobin** will be reflexed. If LDH is **increased** and the haptoglobin is **decreased: DAT** will reflex.	If reticulocyte count is **not elevated: Vitamin B12** will be reflexed. If B12 is not decreased: **TSH, ALT, AST** will be reflexed. If reticulocyte count is **increased: LDH and haptoglobin** will be reflexed. If LDH is **increased** and the haptoglobin is **decreased: DAT** will reflex.

If anemia is not present, the summary will state, "The complete blood counts indicate the absence of anemia. No further reflex testing is necessary." If reflex testing is performed, the summary will be populated with a statement based on the findings of all testing. Please see the example below.

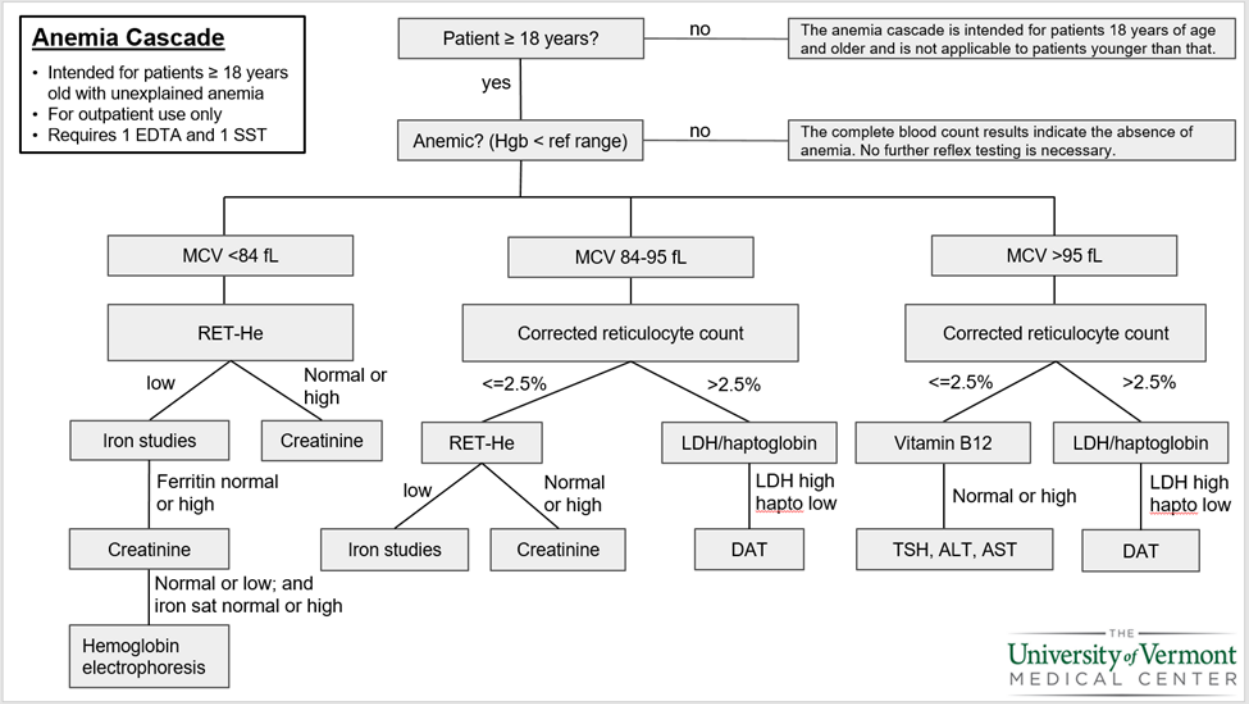
Anemia Summary
These findings suggest iron deficiency (see individual reflex testing results). However, the anemia is normocytic; please note that liver disease and other nutritional deficiencies (e.g. B12 and folate) have not been evaluated and may be considered clinically indicated.

Anemia Cascade Update (contd)

Previously Distributed Test Updates

Anemia Cascade Update (contd)

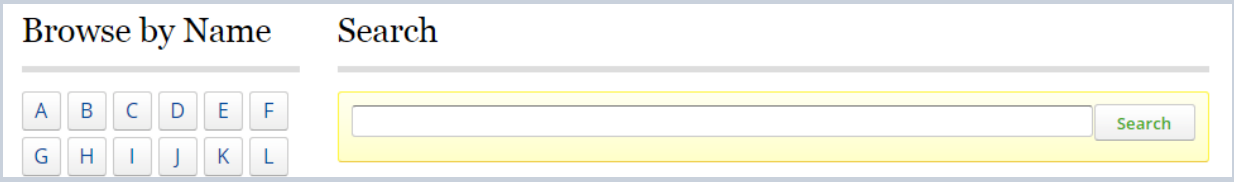
The flow chart overview for the Anemia Cascade is below:



For questions or concerns about these changes, please contact the UVMMC Medical Director of Hematology, Dr. Joanna Conant, at Joanna.Conant@uvmhealth.org.

TEST CATALOG

To view a complete listing of tests available at the University of Vermont Medical Center, please visit UVMHealth.org/



Previously Distributed Test Updates

Pap Test and HPV Testing Changes

The Cytopathology and Microbiology Laboratories have modified Pap test and HPV ordering questions based on Client feedback to simplify the process and align with changing guidelines. While age based HPV testing guidelines have not changed, we recognize that there are clinical reasons HPV testing might be beneficial for your patients. Ordering HPV testing outside of recommended guidelines may not be covered by some insurance carriers.

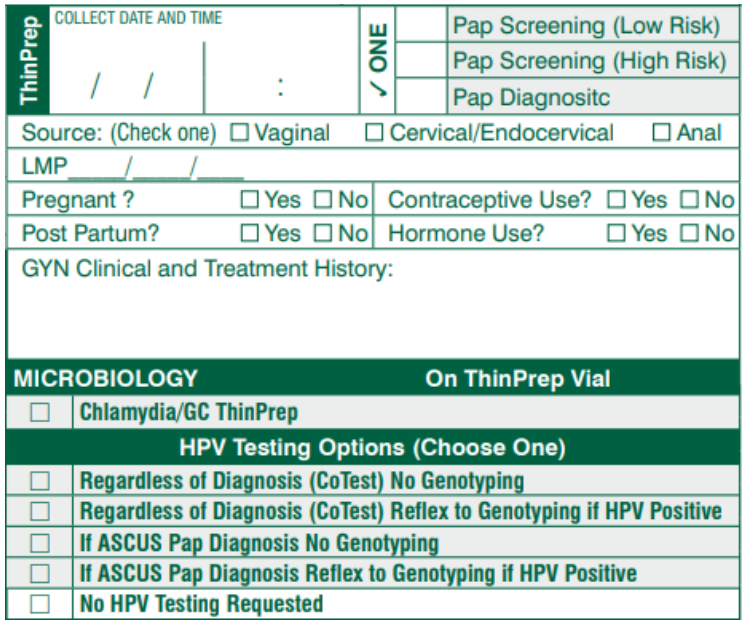
The following changes apply to Atlas clients and paper requisitions:

Atlas clients, new order entry questions are:

Pap Collection Date/Time
Source (Vaginal, Cervical/Endocervical, or Anal)
Specify Screening or Diagnostic Pap
LMP
Reflex HPV Testing? (Yes, No, If ASCUS)
Reflex Genotype if HPV Positive? (Yes/No)
Clinical and Treatment History
Hormone/Contraceptive Use (Yes/No)
Post-Partum (Yes/No)
Pregnant (Yes/No)
Other

Blue highlighted cells above are required

Paper requisitions will now contain the following:



ThinPrep	COLLECT DATE AND TIME / / :	✓ ONE	Pap Screening (Low Risk)
			Pap Screening (High Risk)
			Pap Diagnositc

Source: (Check one) ☐ Vaginal ☐ Cervical/Endocervical ☐ Anal

LMP____/____/____

Pregnant ? ☐ Yes ☐ No | Contraceptive Use? ☐ Yes ☐ No

Post Partum? ☐ Yes ☐ No | Hormone Use? ☐ Yes ☐ No

GYN Clinical and Treatment History:

MICROBIOLOGY	On ThinPrep Vial
☐	Chlamydia/GC ThinPrep
	HPV Testing Options (Choose One)
☐	Regardless of Diagnosis (CoTest) No Genotyping
☐	Regardless of Diagnosis (CoTest) Reflex to Genotyping if HPV Positive
☐	If ASCUS Pap Diagnosis No Genotyping
☐	If ASCUS Pap Diagnosis Reflex to Genotyping if HPV Positive
☐	No HPV Testing Requested

For questions or concerns about these changes, please contact the UVMMC Cytopathology Department at (802)847-5133.

SYRINGE DISPOSAL

The University of Vermont Medical Center does not accept sharps for disposal from patients!

Chittenden Solid Waste District (CSWD) will accept needles that are packaged according to the instructions outlined in their pamphlet “GET THE POINT: Be safe with syringes and other sharps”. CSWD also has bright orange stickers to attach to a syringe container to warn handlers to be careful. These items are available at any CSWD location. You can also order them so that they are available for patients at your office 872-8111 or visit www.cswd.net

Previously Distributed Test Updates

Peripheral Blood Smear

Clarification on slide reviews sent to UVMMC:

Workflow Process: A peripheral blood smear sent to UVMMC because 1) it meets reflex criteria or 2) a technologist has a concern about cell morphology will be reviewed by a senior hematology technologist at UVMMC. If the senior technologist agrees with the findings and feels comfortable with cell morphology and classification, they are able to sign off on the smear. If there is any concern or question, or the technologist feels that a more comprehensive interpretation should be rendered, they will send it to be reviewed by a pathologist.

Smears sent to UVMMC because of a physician order are reviewed by a pathologist and an interpretation will be provided. Clinical history and diagnostic question MUST be completed so that the pathologist can address the provider's question.

This workflow change aligns external smear reviews with what is currently in place at UVMMC for in-house smears.

For questions or concerns regarding these changes, please reach out to UVMMC's Medical Director of Hematology, Joanna Conant via joanna.conant@uvmhealth.org.

Anaplasma and Babesia Testing by PCR

Effective June 5th, 2023, the UVMMC Microbiology Laboratory began offering a new PCR test for *Anaplasma phagocytophilum* and *Babesia* species. This new test replaced two tests: UVMMC's Parasite Exam, Blood (manual microscopy of thick and thin smears) and Mayo Clinic Laboratories' Ehrlichia/Anaplasma, Molecular Detection, PCR, Blood, Mayo Test ID EPCRB. *Ehrlichia* was not included in the new test battery as it is not currently endemic in our region. The Parasite Exam, Blood testing will remain orderable for other blood parasite requests (e.g. malaria). In addition, the UVMMC order panel "Tick Panel, Symptomatic" was updated to reflect these changes (see below).

Anaplasma and Babesia Testing by PCR is a qualitative test and is performed on EDTA whole blood specimens. Testing will be performed 7 days/week, with a 24 hour turnaround time. Specimens that are positive for *Babesia* species will reflex to a blood parasite exam (LAB2545) for percent parasitemia calculations and reporting.

New Orderable	Epic Code	Atlas Code	Mayo Access ID	Order LOINC	CPT Code(s)
Anaplasma and Babesia Testing by PCR	LAB17623	LAB17623	FAH6133	No Current LOINC	87468, 87798
Result Component Name	**Epic Code**	**Atlas Code**	**Mayo Access ID**	**Result LOINC**	**Notes**
Anaplasma phagocytophilum	12301020109	12301020109	FAH6134	30039-2	
Babesia species	12301020110	12301020110	FAH6135	88233-2	
Container	**Specimen**	**Temperature**	**Collect/Submit Vol**	**Min Vol**	**Stability**
Lavender Top (EDTA)	Whole Blood	Refrigerate	2.5 mL	1.5 mL	72 hours
Reflex Algorithm					
If Babesia species is positive, Parasite Exam, Blood (LAB2545) will be performed at an additional charge.					
PARASITE EXAM, BLOOD - University of Vermont Medical Center Laboratory Test Catalog					

Orderable to be Inactivated	Epic Code	Atlas Code	Mayo Test ID
Ehrlichia/Anaplasma, Molecular Detection, PCR, Blood	LAB17579	LAB17579	EPCRB

Anaplasma and Babesia Testing by PCR (contd)

Previously Distributed Test Updates

Anaplasma and Babesia Testing by PCR (contd)

UVMMC Tick Panel, Symptomatic	
Current tests included	**Updated tests included**
Ehrlichia/Anaplasma, Molecular Detection, PCR, Blood	Anaplasma and Babesia Testing by PCR
Lyme Antibody	Lyme Antibody
Parasite Exam, Blood	

Blood parasite exam orders that indicate Anaplasma and/or Babesia will be changed to the correct PCR test for both organisms by the laboratory.

For questions or concerns regarding these changes, please reach out to UVMMC's Medical Director of Microbiology, Dr. Christina Wojewoda via Christina.Wojewoda@uvmhealth.org.

HIV 1 and 2 Ab Confirmation/Differentiation Change

Effective July 12, 2023, UVMMC's Chemistry Laboratory will be reporting an additional component, HIV 1 and 2 Ab Final Interpretation, as part of the HIV 1 and 2 Ab Confirmation/Differentiation testing. It is based on the combination of the results for HIV-1 and HIV-2. This change is due to the need to report an assay interpretation to ordering providers and to the state health departments. There will be no change to how this testing is ordered or to the specimen requirements.

Updated Orderable	**Epic Code**	**Atlas Code**	**Mayo Test ID**	**Order LOINC**	**CPT Code**
HIV 1 and 2 Confirmation/ Differentiation	LAB3340	HIVDI	FAH5829	89365-1	86701, 86702
Result Component Name	**Epic Code**	**Atlas Code**	**Mayo Test ID**	**Result LOINC**	**Notes**
HIV 1 Ab Diff	12301006380	HIVDI1	FAH5830	68961-2	
HIV 1 Band(s)	12301006377	HIV1B	FAH5832	13499-9	
HIV 2 Ab Diff	12301006378	HIVDI2	FAH5831	81641-3	
HIV 2 Band(s)	12301006379	HIV2B	FAH5833	31073-0	
HIV 1 and 2 Ab Final Interpretation	12301020129	12301020129	FAH6136	43185-8	***new***

If you have any questions or concerns about this update, please reach out to the Medical Director of Clinical Chemistry, Dr. Clayton Wilburn, at (clayton.wilburn@uvmhealth.org).

PATIENT INSTRUCTION BROCHURES

We have several brochures for patients that need to collect samples at home. The following are available on online by visiting UVMHealth.org/MedCenterLabServices or you can contact Lab Customer Service to receive some via mail.

- Feces Sample Collection
- Fecal Occult Blood Collection
- Sputum Sample Collection
- Urine Sample Collection

Previously Distributed Test Updates

Umbilical Drug Screen

Effective 6/26/23, the newly-defined Champlain Toxicology Umbilical Cord Drug Screen panel will be available to Labor and Delivery departments across the UVMHN. This panel can be used to assess select drug exposure to the newborn during pregnancy. It may be useful in settings of Neonatal Opioid Withdrawal Syndrome, Neonatal Abstinence Syndrome, unexplained neurological symptoms in the newborn, or unexplained obstetric events or complications such as intrauterine growth restriction during the pregnancy, placental abruption or premature labor. The routine TAT is 2-3 days.

Analytes Included:			
6-AM	Cocaine (BCE)	Methadone	Oxazepam
Amphetamines	Fentanyl	Methadone Metabolite (EDDP)	THC
Methamphetamine	Norfentanyl	Morphine	THC Metabolites
Buprenorphine	Hydrocodone	Oxycodone	Tramadol
Norbuprenorphine	Hydromorphone	Oxymorphone	

Please use this You Tube Link for an instructional video on how to collect the cord sample.

https://www.youtube.com/watch?v=Ilwhn2K1uFs

New Orderable	Epic Code	Atlas Code	Mayo Access ID	Order LOINC
Umbilical Cord Drug Screen	LAB17617	N/A	N/A	N/A
Specimen Requirements:				
Container	**Specimen**	**Temperature**	**Collect/Submit**	**Stability**
Sterile Container	Umbilical Cord	Frozen	3-5 cms	5 days
CPT Codes:				
80356, 80324, 80353, 80348, 80354, 80361, 80358, 80346, 80365, 80373, 80349				
Medicare National Coverage Determination Policy				
This test is subject to Medicare National Coverage Determination (LCD) L36037-Urine Drug Testing.				

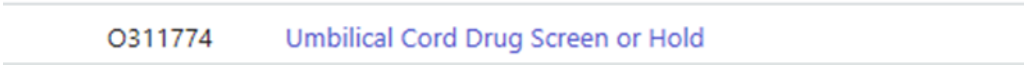
In the circumstance where maternal drug use is suspected please order the Umbilical Cord Drug Screen Hold and send the specimen to the lab. The Umbilical Cord Drug Screen can then be added with the onset of symptoms, as required. The specimen will be held in the lab for 5 days before being discarded.

New Orderable	Epic Code	Atlas Code	Mayo Access ID	Order LOINC
Umbilical Cord Hold	LAB17618	N/A	N/A	N/A

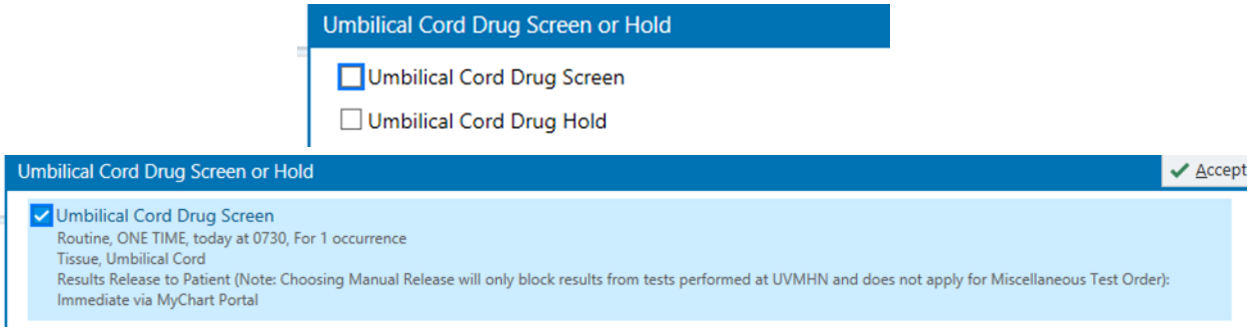
Previously Distributed Test Updates

Umbilical Drug Screen (contd)

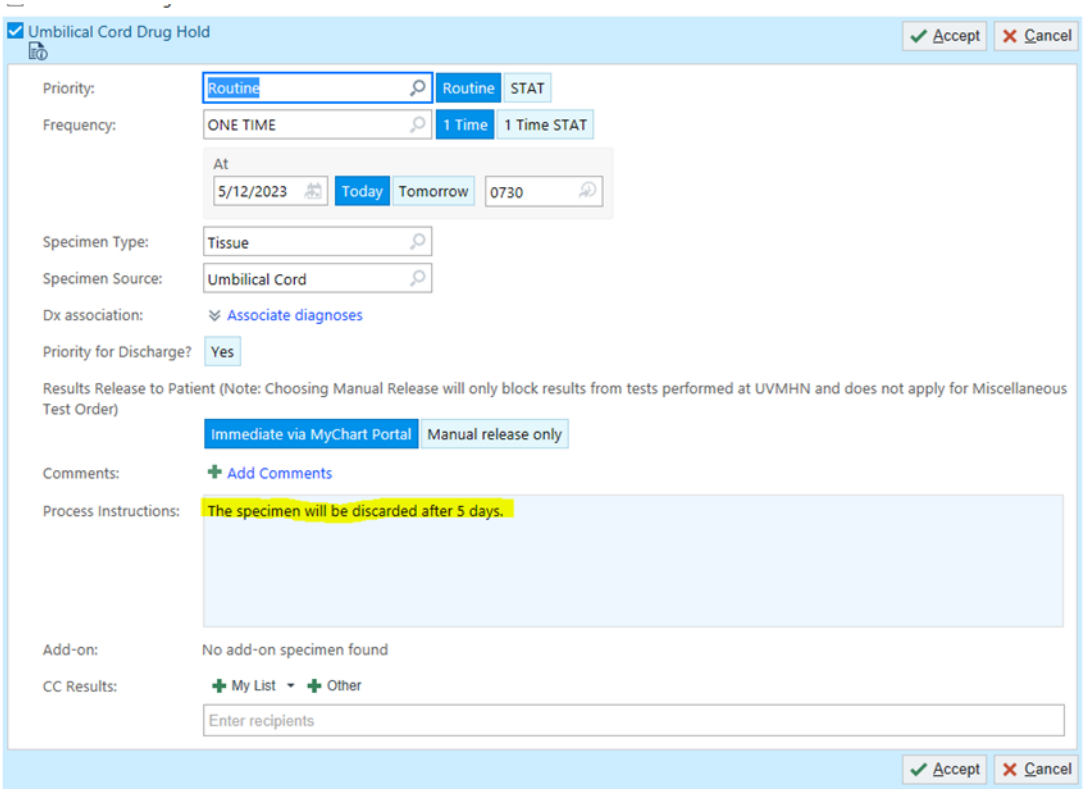
For ease of ordering, these orderables will be included in an order set and placed on L&D's preference list. The order panel can be found under Manage Orders and Searching for Umbilical.



When you click on the Order Panel it will bring up both orders for you to choose.



The Umbilical cord Drug Hold will pop up due to Process Instructions.



If you have any questions about this update, please reach out to the UVMMC Medical Director of Clinical Chemistry, Dr. Clayton Wilburn (clayton.wilburn@uvmhealth.org).

Previously Distributed Test Updates

Umbilical Drug Screen (contd)

Umbilical Cord Collection for Drug Screen

While wearing appropriate PPE:

1. Cut a piece of umbilical cord that is at least 3 to 5 inches in length. At least the length of your index finger. Champlain Toxicology performs all analyses in duplicate and that length allows them to conduct any needed retesting.
2. With thumb and forefingers, squeeze your way down along the segment of cord. The goal is to evacuate excess blood from the cord. Repeat 2 or 3 times. There may still be some blood in the cord but it should be predominantly tissue and not dripping blood.
3. Rinse this segment with water or saline
4. Pat dry with a clean, lint free towel or gauze.
5. Place the cord into a properly labeled specimen cup and carefully secure the lid. The cup must have two matching identifiers that match any requisition paperwork that accompanies the specimen.
6. Place the labeled cup into a specimen bag with a copy of the requisition for transport to the Laboratory.

Thrombosis and Hemostasis Lab Reference Range Updates

Starting June 20, 2023, the Thrombosis and Hemostasis Laboratory at the University of Vermont Medical Center will implement new coagulation analyzers. This is an important update to our instrumentation and will include an automated track system capable of accessioning, centrifugation, and delivering patient samples directly to the instruments for appropriate testing. Additionally, the laboratory will have the capability to more closely control testing processes and monitor key quality metrics with integrated software. These new instruments will assess sample quality, including detection of pre-test fibrin clot formation and alert the technologists to unacceptable levels of hemolysis, icterus, and lipemia based on the coagulation testing ordered.

As part of this implementation, there will be updates to the reference ranges for our factor assays as well as to our PTT for pediatric patients.

Normal Reference Range Updates for Factor Assays

As part of the validation and verification process, we determined an update to our normal adult (18 years and older) reference ranges are required for certain factor assays:

Coagulation Factor Assay	Epic Code	Atlas Code	Mayo Access ID	Updated Reference Range	Current Reference Range
Factor 2 Assay	LAB303	FA2	FAH5276	79 – 131%	73-133%
Factor 5 Assay	LAB304	FA5	FAH245	62 – 139%	63-135%
Factor 7 Assay	LAB305	FA7	FAH5269	50 – 129%	51-161%
Factor 9 Assay	LAB308	FA9	FAH244	65 – 150%	75-150%
Factor 10 Assay	LAB758	FA10	FAH4905	77 – 131%	86-195%
Factor 11 Assay	LAB309	FA11	FAH4963	65 – 150%	62-145%

Previously Distributed Test Updates

Thrombosis and Hemostasis Lab Reference Range Updates (contd)

Newborn and Pediatric Activated Partial Thromboplastin Time (aPTT) Normal Reference Range Updates

Working closely with our Pediatric Hematology colleagues at the Medical Center, we reviewed peer-reviewed literature and concluded an update to our pediatric aPTT normal reference range is required. The following tables outline these changes:

Age	Old Range
0 day up to 5 days	31 - 55 sec.
5 days up to 30 days	25 - 60 sec.
30 days up to 91 days	32 - 55 sec.
91 days up to 183 days	29 - 50 sec.
183 days up to 1 year	28 - 43 sec.
1 year up to unspecified	26 - 37 sec.

Age	New Range
0 day	31 - 55 sec.
>0 days - 5 days	25 - 60 sec.
6 days - 14 days	32 - 55 sec.
15 days - 28 days	28 - 46 sec.
29 days - 11 months	25 - 41 sec.
1 year - 5 years	24 - 40 sec.
6 years - 10 years	27 - 39 sec.
11 years - 17 years	25 - 38 sec.
>=18 years	26 - 37 sec.

Legend

Verified at UVMMC

Toulon et al. Thrombosis and Haemostasis 2016; 116:9-15

Hematology of Infancy and Childhood, 4th Edition. Vol. 1 page 119

If you have any questions, contact the Thrombosis and Hemostasis Laboratory at (802) 847-3567. This phone number will be the primary contact for all your coagulation testing inquires/needs.

Update to Tick-Borne Illness Testing Guidelines

With tick season upon us, testing for tick-borne illnesses is increasing. Clinical suspicion of tick-borne disease should be based on patient characteristics including illness during tick season with symptoms such as fever, chills, headache, muscle aches, joint pain, neck pain, skin rash, Bell's palsy, heart rhythm disturbances, hypotension, jaundice, sepsis, and possible tick exposure. If these criteria are met, there is risk for Lyme disease, anaplasmosis, and babesiosis. Endemic areas for Lyme disease, anaplasmosis, and babesiosis include the Northeastern and Upper Midwestern United States, into Canada.

If the patient presents with a classic erythema migrans "bullseye" rash, no testing is necessary and treatment for Lyme can be initiated while monitoring for symptoms of additional tick-borne illness. If there is no rash and clinical suspicion is high, testing may be appropriate and should include a Lyme serology test, which reflexes to confirmation IgG and IgM testing if the initial serology testing is positive or equivocal. Lyme serology can be insensitive in the first few weeks of infection, so repeat testing might be warranted. If there is concern for Babesia or Anaplasma, UVMMC offers PCR testing, which detects both. Testing in asymptomatic patients is not warranted.

THE APPROPRIATE TESTING FOR EACH DISEASE:

Disease	Appropriate Testing	Epic Code	Atlas Code	Mayo Access ID
Lyme Disease (Borrelia burgdorferi)	Lyme Antibody (UVMMC)	LAB3035	LYMAB	FAH5444
	Lyme Ab Screen, IgG and IgM (CVMC, PMC)	LAB14430	N/A	N/A
Babesiosis	Anaplasma and Babesia Testing by PCR	LAB17623	LAB17623	FAH6133
Anaplasma	Anaplasma and Babesia Testing by PCR	LAB17623	LAB17623	FAH6133

Previously Distributed Test Updates

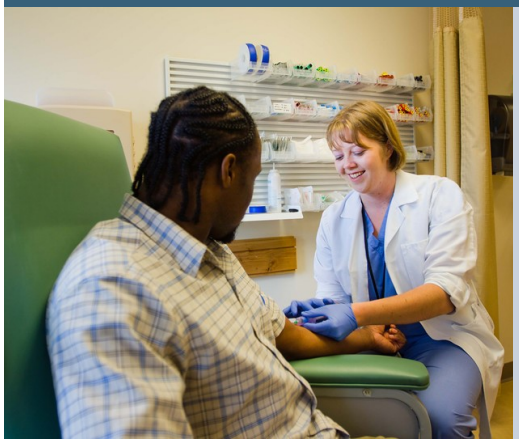
Update to Tick-Borne Illness Testing Guidelines (contd)

Please Note: The UVMHN Tick Panel, Symptomatic is available to ***Epic users only*** and cannot be ordered via Atlas or Mayo Access. Non-Epic users will need to order these tests individually. Please do not order the Mayo test Tick-Borne Disease Antibodies Panel, Serum (Mayo Test ID TICKS) or Tick-Borne Panel, Molecular Detection, PCR, Blood (Mayo Test ID TIKLB) for these disease states. This testing is **not** recommended in these circumstances.

The Parasite Exam, Blood and the Hematology Smear Review will no longer be performed for Babesia or Anaplasma. Orders for these requests will be canceled and replaced with the Anaplasma/Babesia Testing by PCR.

For questions or concerns about this update, please contact UVMMC Laboratory Customer Service at (802) 847-5121.

LABORATORY PATIENT SERVICE CENTER



Main Campus
Main Pavilion, Level 2
111 Colchester Avenue
Burlington, VT

One South Prospect
1 South Prospect St
First Floor Lobby
Burlington, VT

Fanny Allen Campus
792 College Parkway
Colchester, VT

Visit UVMHealth.org/MedCenterDrawSites for patient service center hours and special test considerations.

All UVM Medical Center phlebotomists are nationally certified

THE University of Vermont MEDICAL CENTER

111 Colchester Avenue
Burlington, VT 05401

POSTAGE HERE

PATHOLOGY & LABORATORY MEDICINE COMMUNIQUÉ

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(802) 847-5905

WEBSITE
UVMHealth.org/MedCenterLabs

Syringe Disposal

The University of Vermont Medical Center does not accept sharps for disposal from patients. Chittenden Solid Waste District (CSWD) will accept needles that are packaged according to the instructions outlined in their pamphlet “GET THE POINT: Be safe with syringes and other sharps”. CSWD also has bright orange stickers to attach to a syringe container to warn handlers to be careful. These items are available at any CSWD location. You can also order them so that they are available for patients at your office 872-8111 or visit www.cswd.net

Patient Instruction Brochures

We have several brochures for patients that need to collect samples at home. The following are available on online by visiting UVMHealth.org/MedCenterLabServices or you can contact Lab Customer Service to receive some via mail.

- Feces Sample Collection
- Fecal Occult Blood Collection
- Sputum Sample Collection
- Urine Sample Collection