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## ANA [REFLEX TO RNP/SSA/SSB/SMITH/DSDNA]

*Reflex Testing Guideline:*

*ANA positive screen will reflex to individual ENA autoantibodies [RNP/SSA/SSB/Smith] and dsDNA.*

**Specimen Required:**

**Quantity:** 2.0 mL  
**Type:** Serum (red, gold, or equivalent)  
**Temperature:** Refrigerate (2 - 8 C)

**Test Frequency:** ARUP-Daily

**Methodology:** EIA/Multi-analyte Fluorescent Detection

**Performed by:** ARUP [50317]

**Collection Notes:**

Unacceptable Specimens: plasma samples, severe lipemia, contaminated and hemolyzed samples.

ANA is screened with EIA, positives are reflexed as outlined in Reflex Testing Guidelines.

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## TOXOPLASMA ANTIBODY, IGM

**Specimen Required:**

**Quantity:** 0.5 mL  
**Type:** Serum (red, gold, or equivalent)  
**Temperature:** Refrigerate (2-8 C) or Frozen (-20 C)

**Test Frequency:** ARUP: Daily

**Methodology:** Enzyme-Linked Immunosorbent Assay

**Performed by:** ARUP [50557]

**Collection Notes:**

Separate serum from cells ASAP.

Acute and convalescent samples must be labeled as such; parallel testing is preferred.

Convalescent samples must be received within 30 days from receipt of the acute samples.

Please mark test requisition and transport tube as "ACUTE" or "CONVALESCENT."

Maintain sterility of specimen.

Unacceptable samples: Severely lipemic, icteric, contaminated, heat inactivated, or hemolyzed specimens.

While the presence of IgM antibodies suggest current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection.

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## VANCOMYCIN - TROUGH OR RANDOM

**Specimen Required:**

**Quantity:** 1.0 mL  
**Type:** Serum or Heparinized Plasma  
**Temperature:** Refrigerate (2 - 8 C)

**Test Frequency:** Daily

**Methodology:** Fluorescence Polarization Immunoassay by Roche

**Performed by:** Avera LabNet

**Collection Notes:**

Document whether specimen is Trough or Random on the requisition.

**Draw Times:**

- Trough - <10 minutes before next dose
- Random specimens are recommended to only be drawn in cases of suspected toxicity.
- NOTE: Peak Levels are no longer recommended.

There are multiple analytical methods for vancomycin measurement including immunoassay, high performance liquid chromatography, and fluorescence polarization immunoassay. In patients who have renal failure, degradation of the drug results in the accumulation of crystalline material called CDP-1 (crystalline degradation product) occurs naturally. CDP-1 is detectable in some fluorescence polarization methods and will falsely elevate reported vancomycin concentrations by 60%. (Specificity of the Roche assay is dependent upon a mouse monoclonal anti-vancomycin antibody. The test manufacturer (Roche) has data to support NO cross reactivity between CDP-1 and vancomycin in the Roche assay.)

HPLC methods also can avoid this analytical pitfall.

**Recommendations:**

1. Monitor vancomycin concentrations during therapy.
2. Chose drug dosages based upon a nomogram and individualize both dosing and monitoring.
3. Measure only trough concentrations.
4. Measure trough concentrations <10 minutes prior to a dose.
5. For patients with renal failure, confirm with the laboratory that CDP-1 does not interfere with the testing method.