

Reflex Testing Process (Table 1)

Test	Reflexes to	Additional Reflexes (if applicable)
CBC w/ abnormal criteria	Manual Differential	
Manual differential with abnormal cells/blasts/inclusions seen	Blood smear interpretation (performed by Pathologist)	
Malaria/Babesia/Ehrlichia smear presumptive positive or if manual differential is suspicious for blood parasites	Blood parasite ID	
Sickle Cell Screen positive	Hemoglobin electrophoresis evaluation	
Hemoglobin electrophoresis, decreased MCV and normal bands	A2 (sendout)	
Hemoglobin electrophoresis, decreased MCV and abnormal bands	Citrate agar electrophoresis	
Platelet count <100,000	IPF%	
Urinalysis w/ abnormal criteria	Manual microscopy	
If UA reflex culture is ordered and positive esterase/nitrate with moderate to marked bacteria or >5 WBC's/hpf	Urine culture	
ANA positive	Titer and pattern and dsDNA antibody	
Anti-neutrophil Cytoplasmic Antibody Positive	Titer and pattern	
HIV screen positive	HIV 1/2 Antibody Differentiation	
Lyme screen positive	IgG, IgM confirmation	
TPA positive	RPR	If RPR negative then confirmatory test to be performed
Mitochondrial, Smooth muscle, gastric parietal cell antibody positive	Titer	
Hepatitis B surface positive	Hepatitis B core total and Hepatitis B core IgM antibody	
Hepatitis C antibody	Hepatitis C PCR	

Blood transfusion ordered	Type & Screen	
Type & screen w/ positive antibody	Antibody identification.	Antigen screen of any units cross matched for patients and extended cross match for all units.
DAT positive	Elution to identify antibody and Type & Screen if not previously done	
Maternal antibody positive	DAT on baby	
Prenatal antibody	Antibody titer	
Triglycerides > 800 mg/dL	Calculated LDL is suppressed and direct LDL is performed	
Pancreatic cyst fluid	CEA & Amylase	
TSH abnormal	Free T4 (by order)	
Total protein ,3.0 or > 9.0 g/dL or if lipemic index is >700	cancel sodium and perform direct sodium	
Ferritin >1200 ng/ml	TIBC & Iron saturation results are suppressed	
Specific gravity, specimen validity <1.003 or >1.019	Creatinine urine	
Protein electrophoreses with abnormal bands	IFE	
MTB Rifampin PCR	AFB culture	
1st set positive blood culture with gram positive cocci in clusters	MRSA/SA PCR	
Cryptococcal antigen request	Fungal culture	
Cryptococcal antigen positive	Titer	
CSF gram stain positive (gpc chains)	S. pneumoniae antigen	
C. dif antigen positive, toxin negative	Cytotoxin neutralization	
Routine bacterial culture	Sensitivity on pathogens where appropriate, gram stain on fluids, respiratory, tissue and wounds	
Strep A PCR inconclusive	Bacterial ID culture	

Wound/body fluid culture	Anaerobic culture (if collected by syringe or with anaerobic culturette swab or if tissue specimen) or gram stain indicative of anaerobic organisms	
Group B Strep culture or PCR and patient is penicillin allergic	Culture & Sensitivity	
Group B Strep B PCR negative (Direct swab only)	Group B strep culture	
GC/CT on <13 year old	Sendout for alternate target testing	
SARS-CoV-2 detected	Influenza and Viral respiratory PCR testing will be canceled.	
Breast cancer	ERT/PRT/HER2 /NEU/Ki-67/ HER2	
All HER2/NEU IHC 1+ and 2+ untreated tumors, post neoadjuvant 0, 1+, 2+ tumors	HER 2/NEU FISH	
Colon cancer	MSI teting by IHC and PCR, BRAF mutation, tumor profiling	
Endometrial carcinoma	ER, PR, HER 2/NEU, MSI testing by IHC & MSI by PCR.	
Gastric carcinoma	HER 2/NEU	
Metastatic Cancer	Appropriate tumor marker study	
Newly diagnosed cancer of various origin	MSI testing by IHC	
Suspected cases of lymphoma	Flow cytometry	
Lung squamos cell carcinoma	PD-L1	
For all primary and metastatic lung carcinoma regardless of size/stage.,Lung non-small cell carcinoma, NOS, adenocarcinoma or large cell neuroendocrine carcinoma refer to tumor profiling lab for molecular and PD-L1 studies.		
Note: if possibility of 2 separate lung primaries order tumor profiling on both tumors and put in comment to alert tumor profiling lab		

last revised 6/22