Discontinuation of L/S ratio test

Effective July 31, 2018, IU Health Pathology Laboratories (IUHPL) will be discontinuing the L/S (Lecithin-sphingomyelin) Ratio test for the following reasons.

1. Test is not useful in delivering timely decision making in pregnancies with well documented gestational age > 39 weeks, those < 32 weeks, and when delivery is obstetrically/medically indicated
   a. If there is significant maternal or fetal risk to warrant delivery, amniocentesis does not further aid in guiding management
   b. If delivery could be delayed to await pulmonary maturity, then amniocentesis is less urgent, and prompt delivery is not likely indicated

2. Fetal lung maturity is not necessarily reflective of maturity in organ systems other than the lungs (Bates E, Rouse DJ et al, Obstet Gynecol. 2010 Dec; 116 (6): 1288-95)

3. The American College of Obstetrics and Gynecology (ACOG) Committee Opinion (Number 560, April 2013) recommends AGAINST amniocentesis for the determination of fetal lung maturity in well-dated late preterm (34 0/7—36 6/7 weeks of gestation) and early-term (37 0/7—38 6/7 weeks of gestation) pregnancies to guide the timing of delivery

4. ACOG Committee Opinion (Number 688, March 2017) recommends AGAINST amniocentesis for fetal lung maturity as a routine component of decision making when considering delivery in a woman with a suboptimally dated pregnancy

5. ACOG Committee Opinion (Number 713, August 2017) recommends a single course of corticosteroids for pregnant women at risk of preterm birth within 7 days:
   a. Between 24 0/7 weeks and 33 6/7 weeks of gestation, including those with ruptured membranes and multiple gestations
   b. Between 34 0/7 weeks and 36 6/7 weeks of gestation and who have not received a previous course of antenatal corticosteroids

6. It is a low volume, highly labor intensive, manually performed test, requiring an organic solvent extraction and has a long turn-around time (4 hours) plus transport time to main lab

7. Pre-analytic conditions like temperature variation and the presence of blood and/or meconium can affect test results; vaginal pooled samples are less than optimal specimens

8. Difficulty in obtaining and/or making reagent material

9. Commercially available proficiency testing (PT) material—performing PT is a regulatory requirement—has not been available since 2016 because of lack of laboratories nationwide offering this test

10. The lamellar body count test will continue to be available.

With concerns/questions, please contact Dr. Michelle K. Zimmerman, Director of Clinical Chemistry, IU Health Pathology Laboratory at 317.491.6558 or mkzimm@iupui.edu.
DOS Updates (continued)

**CMV PCR Quant, Vitreous Fld** a new Viracor procedure. Effective date is April 5, 2018. Preferred container is the Sterile Container. Ship 1.0 mL Frozen Vitreous Fluid. Method is Conventional PCR. Synonyms are CMVPCRVT. The turnaround time is 1-2 days.

**HSV 1/2 PCR QN, Aqueous Fld**, Effective date is April 5, 2018. Preferred container is the Sterile Container. Ship 1.0 mL Frozen Aqueous Fluid. Method is Conventional PCR. Synonym is HSV12PCRAQ. The turnaround time is 1-2 days.

**HSV 1/2 PCR QN, Vitreous Fld**, a new Viracor procedure. Effective date is April 5, 2018. Preferred container is the Sterile Container. Ship 1.0 mL Frozen Vitreous Fluid. Method is Conventional PCR. Synonyms are HSV12PCRVIT and HSV12PCRV. The turnaround time is 1-2 days.

**ImmuKnow Assay, WB**, a new Viracor procedure. Effective Date is April 5, 2018. Preferred container is Green Na Heparin. Ship 2.0 mL WB Room Temp. Method is Quantification of metabolic markers (ATP) to measure cell-mediated immunity. Synonym are HLA ImmuKnow, IMKNOWWB, and ImmuKnow. The turnaround time is 1-2 days.

**P jiroveci PCR Quant, WB**, a new Viracor procedure. Effective Date is April 5, 2018. Preferred container is Lavender. Ship 4.0 mL WB Room Temp (minimum 2.0 mL). Method is conventional PCR. Synonyms are P jiroveci, PJRPCRWB, and Pneumocystis jiroveci Quantitative Real-time PCR, Blood. The turnaround time is 1-2 days.

**Toxo gondii by PCR QN, BAL**, is a new Viracor procedure. Effective date is April 5, 2018. Preferred container is a Sterile Container. Ship 1.0 mL Frozen BAL. Method is Conventional PCR. Synonyms are TOXOPCRBAL and TOXPCRBAL. Turnaround time is 1-2 days.

**Toxo gondii by PCR QN, CSF** a new Viracor procedure. Effective date is April 5, 2018. Preferred container is the CSF Tube. Ship 2.0 mL Frozen CSF. Method is Conventional PCR. Synonyms are TOXOPCRCSF and TOXPCRCSF. The turnaround time is 1-2 days.

**Toxo gondii by PCR QN, WB**, a new Viracor procedure. Effective date is April 5, 2018. Preferred container is Lavender. Ship 4.0 mL WB Room Temp (minimum 2.0 mL). Method is Conventional PCR. Synonym is TOXPCRWB. Turnaround time is 1-2 days.

**T gondii by PCR QN, VitFld**, a new Viracor procedure. Effective date is April 5, 2018. Preferred container is the Sterile Container. Ship 1.0 mL Frozen Vitreous Fluid. Method is Conventional PCR. Synonyms are Toxo gondii vitreous, and TOCPCRVIT, vitreous. The turnaround time is 1-2 days.

**VZV PCR Quant, Aqueous Fld**, a new Viracor procedure. Effective date is April 5, 2018. Preferred container is the Sterile Container. Ship 1.0 mL Frozen Aqueous Fluid. Method is Conventional PCR. Synonym is VZVPCRAQ. Turnaround time is 1-2 days.
DOS Updates (continued)

**VZV PCR Quant, Vitreous Fld**, a new Viracor procedure. Effective date is April 5, 2018. Preferred container is the Sterile Container. Ship 1.0 mL Frozen Vitreous Fluid. Method is Conventional PCR, Synonym is VZVPCRAQ. Turnaround time is 1-2 days.

**Liver Fibrosis/ActiTest PNL**, a new Mayo procedure. Effective date is April 13, 2018. Preferred container is Gold. Ship 7.0 mL Refrigerated serum (minimum 4.0 mL). Method is Nephelometry, Spectrophotometry, Turbidimetric Immunoassay. Synonyms are Fibrosure, Fibrotest, HCV Fibrosure, and LVRACTST. The turnaround time is 1-2 days.