

LDC memo 2-2010

November 13, 2010

To: All URMC Faculty and Clinical Providers

From: Paul C. Levy, MD and the Laboratory Diagnostics Committee

RE: New policies regarding testing performed by non-URMC reference laboratories

This memo is to inform you of important changes we are undertaking to better manage the use of laboratory tests performed by diagnostic testing facilities outside of URMC. As outlined in a memo circulated a few weeks ago, the Laboratory Diagnostics Committee (LDC) and URMC laboratories are putting in place new protocols for test ordering and specimen management.

We are again contacting providers throughout URMC because the new protocols being developed may have an impact on your clinical practice. Three items deserve particular attention.

1. ARUP, a nationally recognized high quality and service oriented reference lab-testing vendor, will be URMC's reference lab testing facility of first choice. For diagnostic tests currently being ordered but not available through ARUP or their associated network of testing facilities, URMC will continue to procure and process specimens but only if the test requested is available from a NYS approved facility. Because of regulatory, medical and legal risks, URMC labs can no longer manage these non-NYS approved test specimens. The current list of tests which will no longer be available as a result of these policy changes are listed below.
2. Ordering providers have, on occasion, specified where they want a specific reference laboratory test performed. This practice will no longer be permitted.
3. The LDC has noted that new diagnostic tests are being heavily marketed to care providers not unlike the efforts from the pharmaceutical industry to market new drugs. To better manage this area we have developed a process modeled after our hospital pharmacy formulary committee. In brief, before any new diagnostic tests can be added to the URMC lab formulary, the LDC will ask faculty with expertise in the associated area of clinical medicine to review and make recommendations regarding the test(s) in question. The LDC will make a final determination regarding formulary status.

The LDC realizes there are some unique areas of clinical practice that may be more affected by the above policies than others. Faculty are encouraged to contact the Chair of the LDC, Dr. Paul Levy, to bring their concerns forward for thorough consideration. Requests for testing outside of the above guidelines will be reviewed by ad hoc subcommittees with expertise in subject matter of concern and advise the LDC regarding any needed changes in the above protocols.

Tests no longer available on URMIC lab test formulary

Test Name	Test Name	Test Name
AChR/Musk reflex ab test	COMPREHENSIVE TEST (TEST 1 - SEQUENCING AND COPY NUMBER)	MITOCHONDRIAL MYOPATHY
ATAXIA AUTOSOMAL DOMINATE EVALUATION	CONNEXIN 32	MYOTONIC DYSTROPHY
ATAXIA EVALUATION, COMPLETE	COQ3	NABFERON NEUTRALIZING AB
AUTOSOMAL DOMINANT HEREDITARY SPASTIC PARAPLEGIA	Cx32 SEQ/DEL (CMTX)	OPTIC ATROPHY EVALUATION
C & W health center of BC - heterotaxy (X-Linked) ZIC3	FAM HEMIPLEGIC MIGRAINE EVAL	PCDH19 DNA SEQUENCING EMFR
CAR AB	FEBRILE SEIZURES EVALUATION	SITE SPECIFIC OI
Caveolin 3 dna testing test code 566	GARS (CMT2D) #228	SMA COMPLETE EVALUATION (REFLEXIVE)
CHARCOT MARIE TOOTH COMPLETE	GNE SEQUENCING	TARGETED MUTATION ANALYSIS PROBAND
CMT PARTIAL, AXONAL	LHON mtDNA PROFILE	TELOMERE LENGTH
COMPLEMENTATION STUDIES/ COBALAMIN UPTAKE AND DISTRIBUTION OF COMPLETE PKD EVALUATION	LIMB GIRDLE MUSC DYSTROPHY EVAL MC4R	TRANSTHYRETIN DNA